higher school, *madrassa* (mosque-based school providing religious in addition to regular education) and non-standard.

Table 10 shows the various types of schools, which were ever attended and are being attended by children over 5 years of age. From the overall group of 'ever attended' the highest proportion (19 percent) of children have attended primary school, followed by secondary school at 6 percent and *madrassa* at 3 percent, while 69 percent never attended any type of school. Of the group who are 'currently attending' school the highest proportion is found to be attending secondary school (8 percent), followed by *madrassa* at 2 percent and primary school at 2 percent, while a huge majority of children (85 percent) are not attending school.

Type of schools	Children ever attended school		Children currently attending school	
	Percent	Number of children	Percent	Number of children
Primary	19.2	1055	1.9	103
Secondary	5.7	310	8.4	462
Higher	1.7	94	0.5	28
Madrassa	3.2	175	2.4	130
Non-standard	0.8	41	0.5	27
Missing	0.8	46	0.9	49
Don't know	0.1	5	.	.
Never attended school	68.5	3753	85.4	4680
Total East	**100.0**	**5479**	**100.0**	**5479**

Table 10: Distribution of types of schools ever attended and currently attended by children over 5 years of age, East of Afghanistan, 2000

In the East of Afghanistan, only 10 percent of children of 5 years of age and 18 percent of children of 6 years of age attend school (Table 11), whereas of the total school age children, less than one-third (30 percent) are actually attending school. Among the children attending school the males seem to be better off at 47 percent as compared to females at 12 percent.

Characteristics	Sex						Total		
	Male			Female					
	Attending	Percent	Total	Attending	Percent	Total	Attending	Percent	Total
Region									
Central (partial)	95	49.7	191	4	2.2	181	99	26.6	372
South-Eastern	246	56.4	436	43	10.5	409	289	34.2	845
Eastern	169	36.1	468	75	16.9	443	244	26.8	911
Age (in years)									
5	23	15.4	149	7	4.5	156	30	9.8	305
6	44	24.2	182	14	10.2	137	58	18.2	319
7	60	45.5	132	26	15.9	164	86	29.1	296
8	98	57.0	172	20	12.7	158	118	35.8	330
9	74	66.1	112	12	14.5	83	86	44.1	195
10	88	59.5	148	18	13.7	131	106	38.0	279
11	40	58.8	68	8	11.4	70	48	34.8	138
12	83	62.9	132	17	12.7	134	100	37.6	266
Total East	**510**	**46.6**	**1095**	**122**	**11.8**	**1033**	**632**	**29.7**	**2128**

Table 11: Children of primary school age attending school (any type), East of Afghanistan, 2000

The maximum number of children, found to be attending school for both males and females, is at 9 years of age: both below and above this age the percentage of children attending school declines, to rise a little again at 12 years of age. Figure 2 shows a comparison of the distribution of children attending school in Eastern, South-Eastern and (partial) Central regions.

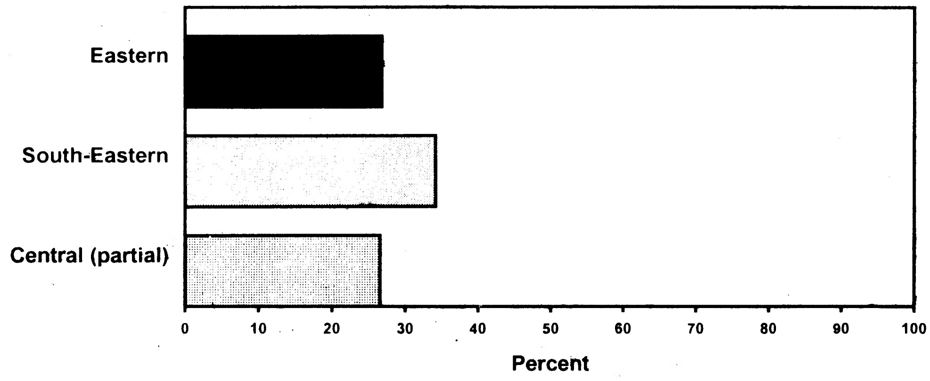


Figure 2: Percentage of children of primary school age attending school, East of Afghanistan, 2000

Of all the children of 5-17 years of age who are not attending school (Table 12), the highest percentage (34 percent) in the Eastern region does not attend due to lack of adequate schooling available in the area where they live, whereas 29 percent of 5-17 years children in South-Eastern region do not attend school as there are no separate schools for boys and girls. The absence of separate schools for boys and girls affects girls much more than boys: 33 percent for girls *vs.* 3 percent for boys do not attend school because of this reason.

Relatively lower percentages of children are not being sent to school due to them helping in the household (9 percent) or supporting the household (4 percent). A considerable percentage (11 percent) is unable to attend school because the facility is considered to be too far away from their houses. Another noticeable proportion of children (21 percent) does not attend school due to other factors or whose data is missing. It should be noted here that the parents / caretakers gave multiple responses to the question of reasons for not sending their children to school and therefore the percentages of various responses do not total up to 100 percent.

Characteristics	Attending	Reasons for not sending to school										Total
		Too expensive	Too far	No adequate school available	Not necessary	No separate for boys and girls	Helps house-hold	Supports household	Child sick	Already had sufficient schooling	Other / Missing	
Sex												
Male	47.2	4.5	17.1	23.3	1.2	2.5	11.7	6.6	3.4	0.5	29.3	1442
Female	10.1	1.9	7.9	28.4	2.9	33.3	6.6	1.8	0.7	0.2	16.3	1391
Region												
Central	27.0	0.3	13.4	21.6	0.8	35.1	5.8	4.1	2.2	0.0	16.7	500
South-Eastern	32.1	3.0	11.0	19.8	0.8	28.5	10.5	5.4	0.8	0.0	20.2	1123
Eastern	26.9	3.8	10.8	34.1	4.1	10.3	8.0	1.8	2.4	0.7	24.0	1210
Total East	**29.0**	**2.9**	**11.4**	**26.4**	**2.2**	**21.7**	**8.5**	**3.6**	**1.7**	**0.3**	**21.2**	**2833**

Table 12: Percentage of children 5-17 years age by reasons for not being sent to school, East of Afghanistan, 2000

Literacy

A vast majority of the population over age 15 years is illiterate: average literacy rate in the East of Afghanistan is 30 percent (Table 13). The *literate* population includes those who are reported to read 'easily or with difficulty'. Overall, extremely low proportion of females is literate as compared to males: 6 percent vs. 53 percent. The literacy rate generally declines with increasing age but increases slightly at the 65 years and above age group.

Characteristics	Male				Female				Total			
	Number	Literate (%)	Missing /Not Known (%)	Total	Number	Literate (%)	Missing /Not Known (%)	Total	Number	Literate (%)	Missing (%)	Total
Region												
Central	158	54.9	0.0	288	10	3.8	0.4	261	168	30.6	0.2	549
South-Eastern	323	50.9	0.3	634	20	3.3	0.5	615	343	27.5	0.4	1249
Eastern	338	53.1	0.9	636	53	9.0	1.9	592	391	31.8	1.4	1228
Age												
15 – 24	302	56.1	0.2	538	41	7.6	0.7	536	343	31.9	0.5	1074
25 – 34	198	55.1	0.8	357	23	5.9	0.8	390	221	29.6	0.8	747
35 – 44	154	59.7	0.4	258	13	4.7	1.5	274	167	31.4	0.9	532
45 – 54	93	51.4	1.1	181	4	2.4	1.2	169	97	27.7	1.1	350
55 – 64	37	28.9	0.8	128	2	2.7	1.4	73	39	19.4	1.0	201
65 +	35	36.5	0.0	96	0	0.0	3.8	26	35	28.7	0.8	122
Total East	**819**	**52.6**	**0.5**	**1558**	**83**	**5.7**	**1.0**	**1468**	**902**	**29.8**	**0.8**	**3026**

Table 13: Distribution of the population aged 15 years and older that is literate, East of Afghanistan, 2000

C. Water and Sanitation

Use of drinking water

Safe drinking water is a basic necessity for good health. Unsafe drinking water can be a significant carrier of diseases such as trachoma, cholera, typhoid, and schistosomiasis. Drinking water can also be tainted with chemical, physical and radiological contaminants with harmful effects on human health. In addition to its association with disease, access to drinking water may be particularly important for women and children, particularly in rural areas, who bear the primary responsibility for carrying water, often for long distances.

A considerable proportion of population (57 percent) in the Eastern region uses drinking water from protected sources, however, only 36 percent do so in the South-Eastern region. The facility of water piped into the household is virtually non-existent: only 1 percent in the South-Eastern region. Among the protected sources of water the majority, 32 percent in Eastern and 15 percent in the South-Eastern region, uses water from tube wells with pump, followed by protected dug wells, 17 percent in eastern region and 11 percent in the South-Eastern region. The condition of drinking water sources is particularly poor in the South-Eastern region where more than 70 percent of water sources are unprotected, while 43 percent fall into the category of 'Pond, river or stream' (Table 14).

Region	Main source of drinking water										Total with safe drinking water	Number of persons
	Protected Sources					Unprotected Sources						
	Piped into yard	Public tap	Tubewell with pump	Protected dug well	Protected spring	Rainwater collection	Unprotected dug well	Unprotected spring	Pond, river or stream	Other		
Central	.	.	4.2	20.5	1.7	.	31.7	0.5	40.8	0.7	26.4	1175
South-Eastern	1.2	.	14.8	10.9	8.7	0.3	6.5	13.9	43.4	0.2	35.9	2691
Eastern	.	3.7	31.6	16.5	4.7	.	13.0	4.1	26.3	0.1	56.5	2780
Total East	**0.5**	**1.6**	**20.0**	**14.9**	**5.8**	**0.1**	**13.7**	**7.4**	**35.8**	**0.3**	**42.8**	**6646**

Table 14: Percent of population with access to safe drinking water, East of Afghanistan, 2000

Use of sanitation

Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases including diarrheal diseases and polio. *Sanitary means of excreta disposal* include: flush toilets connected to sewage systems or septic tanks, improved pit latrines, and traditional pit latrines. Forty-two percent females and 34 percent males in the South-Eastern region, while 40 percent females and 28 percent males in the Eastern region have access to sanitary means of excreta disposal. It is also worth noting that a tendency of females having larger access to sanitary means of excreta disposal than males is visible in both regions (Table 15).

Type of toilet facility used	Region						Total East	
	Central		South-Eastern		Eastern			
	Females	Males	Females	Males	Females	Males	**Females**	**Males**
Sanitary means								
Flush to sewage system / septic	.	.	1.6	2.5	0.3	0.3	**0.8**	**1.2**
Improved pit latrine	1.0	0.8	0.4	0.6	2.5	2.0	**1.4**	**1.2**
Traditional pit latrine	80.8	77.2	40.1	30.8	37.4	25.2	**46.2**	**36.6**
Non-sanitary means								
Open pit	8.1	6.4	5.2	3.3	4.3	1.6	**5.4**	**3.1**
Deran	6.3	6.8	7.8	7.0	19.5	14.7	**12.4**	**10.2**
Bucket	.	.	1.4	0.1	0.2	.	**0.6**	**0.0**
No facilities bush field	3.8	8.8	43.5	55.7	34.2	55.6	**32.5**	**47.5**
Other	.	.	.	.	1.6	0.6	**0.7**	**0.2**
Total (East) with sanitary means	81.8	78.0	42.1	34.0	40.2	27.5	**48.4**	**39.0**
Number of persons	583	592	1316	1375	1369	1411	**3268**	**3378**

Table 15: Percent of Female and Male population with access to sanitary means of excreta disposal, East of Afghanistan 2000

D. Child Malnutrition

Nutritional status

Children's nutritional status is a reflection of their overall health. When children have access to an adequate food supply and are not exposed to repeated illness, they reach their growth potential and are considered well nourished.

In a well-nourished population, there is a standard distribution of height and weight for children under age five. Under-nourishment in a population can be gauged by comparing

children to this standard distribution. The standard or reference population used here is the NCHS standard, which is recommended for use by UNICEF and the World Health Organization. Each of the three nutritional status indicators is expressed in standard deviation units (z-scores) from the median of this reference population.

Weight for age is a measure of both acute and chronic malnutrition. Children whose weight for age is more than two standard deviations below the median of the reference population are considered *moderately or severely underweight* while those whose weight for age is more than three standard deviations below the median are classified as *severely underweight.*

Height for age is a measure of linear growth. Children whose height for age is more than two standard deviations below the median of the reference population are considered short for their age and are classified as *moderately or severely stunted.* Those, whose height for age is more than three standard deviations below the median, are classified as *severely stunted.* Stunting is a reflection of chronic malnutrition as a result of failure to receive adequate nutrition over a long period and recurrent or chronic illness.

Finally, children whose weight for height is more than two standard deviations below the median of the reference population are classified as *moderately or severely wasted* while those who fall more than three standard deviations below the median are *severely wasted.* Wasting is usually the result of a recent nutritional deficiency. The indicator may exhibit significant seasonal shifts associated with changes in the availability of food or disease prevalence.

In Table 16, children whose birth dates were not known are excluded (approximately 55 percent of children), which also included those, whose measurements were outside a plausible range. However, it should be noted here that the reporting and recording of age had many problems, therefore the weight for age and height for age indices are not completely reliable. Thus, although the results are presented for these indices also, the emphasis for analysis and interpretation remains on objectively recorded weight for height (i.e., wasting) index.

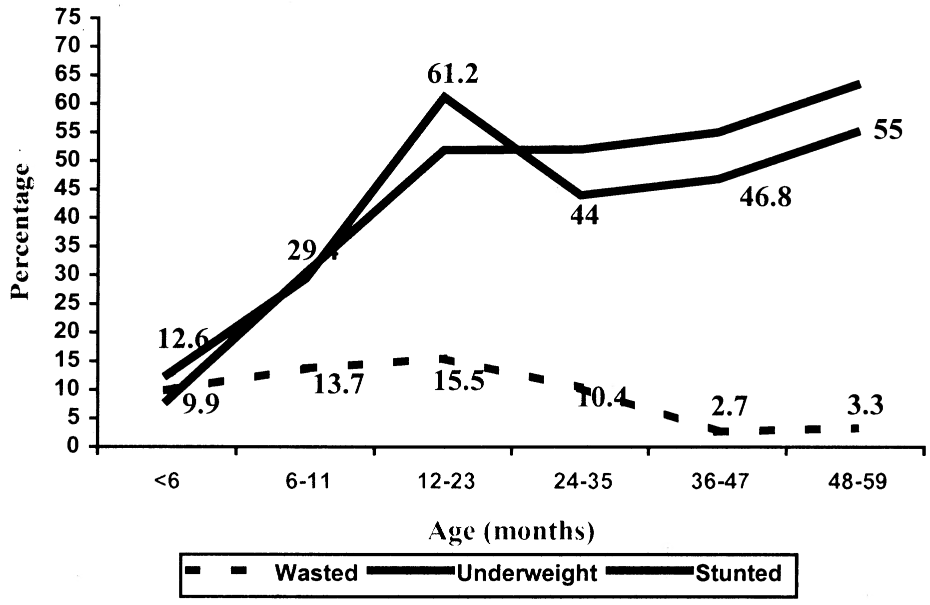
Almost one in ten children (10 percent) under age five in the East of Afghanistan is wasted, with 2 percent falling into the severely wasted category (Table 16).

Characteristics	Weight for age		Height for age		Weight for height		Number of children
	Percent below -2SD	Percent below -3SD	Percent below -2SD	Percent below -3SD	Percent below -2SD	Percent below -3SD	
Region							
Central	33.3	13.8	35.8	20.3	10.6	0.0	123
South-Eastern	42.9	13.2	40.6	22.8	9.1	1.4	219
Eastern	43.2	13.9	46.6	27.7	10.1	3.0	296
Age							
< 6 months	12.6	2.7	8.1	5.4	9.9	1.8	111
6-11 months	29.4	12.7	30.4	9.8	13.7	3.9	102
12-23 months	61.2	21.7	51.9	31.8	15.5	3.1	129
24-35 months	44.0	16.0	52.0	28.0	10.4	1.6	125
36-47 months	46.8	11.7	55.0	33.3	2.7	0.0	111
48-59 months	55.0	16.7	63.3	46.7	3.3	0.0	60
Sex							
Male	39.7	14.0	41.7	24.4	10.1	1.3	307
Female	42.6	13.3	43.2	24.8	9.7	2.4	331
Caretaker's Education							
No Education	42.0	14.0	42.8	24.7	9.9	2.0	607
Some Education	25.8	6.5	35.5	22.6	9.7	0.0	31
Total East	**41.2**	**13.6**	**42.5**	**24.6**	**9.9**	**1.9**	**638**

Table 16: Percent of under-five children who are severely or moderately undernourished, East of Afghanistan, 2000

In general, the wasting seems to steadily increase till the age group of 12-23 months (16 percent) and then decline steadily to as low as 3 percent at the age group of 48-59 months (Fig 3). This pattern is expected and is related to the age at which many children cease to be breastfed and are exposed to contamination in water, food, and environment. Males on the other hand are, on the whole, more undernourished in terms of weight for height ratio, while the other less reliable indices show a reverse distribution.

As an overall picture, there doesn't seem to be much of a difference in the children's wasting pattern with mothers having no education (10 percent) as compared to those with some education (10 percent). However, there is no severely wasted child found with mothers having



some education.

Figure 3: A comparison of under-nourishment status of children under five year of age, East of Afghanistan, 2000

Breastfeeding

Breastfeeding for the first few years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe. However, many mothers stop breastfeeding too soon, and there are often pressures to switch to infant formula, which can contribute to growth faltering and micronutrient malnutrition and is unsafe if clean water is not readily available. The World Summit for Children goal states that children should be exclusively breastfed for four to six months, that breastfeeding should be complemented with appropriate foods from the age of around six months, and that children continue to be breastfed for two or more years.

In Table 17, breastfeeding status is based on women's reports of children's consumption in the 24 hours prior to the interview. *Exclusive breastfeeding* refers to children who received only breast milk and vitamins, mineral supplements, or medicine. *Breastmilk and Complements* refers to children who received breast milk and solid or semi-solid food. Percentages according to region and mother's education are not shown due to small sample sizes. For the same reason, the sex breakdowns should be interpreted with caution.

Of children aged less than four months approximately 33 percent in South-Eastern region and 22 percent in Eastern region are exclusively breastfed, a level considerably lower than that recommended. At age 6-9 months, 65 percent of children in South-Eastern region and 45 percent of children in Eastern region are receiving breast milk and solid or semi-solid foods.

By age 12-15 months, 81 percent of children in South-Eastern region and 88 percent of children in Eastern region are being breastfed and by age 20-23 months, 33 percent in South-Eastern region and 27 percent in Eastern region are still breastfed.

Characteristics	Percent of children 0-3 months exclusively breastfed	Number of children	Percent of children 6-9 months receiving breastmilk and complements	Number of children	Percent of children 12-15 months with breastfeeding continued	Number of children	Percent of children 20-23 months breastfeeding continued	Number of children
Sex								
Male	26.3	57	81.1	37	84.0	50	34.3	35
Female	35.2	54	77.8	54	84.4	45	26.8	41
Region								
Central	50.0	16	50.0	16	94.7	19	31.6	19
South-Eastern	32.7	49	64.9	37	80.6	36	33.3	27
Eastern	21.7	46	44.7	38	87.5	40	26.7	30
Total East	**30.6**	**111**	**53.8**	**91**	**86.3**	**95**	**30.3**	**76**

Table 17: Breastfeeding Status children under two years of age, East of Afghanistan, 2000

Table 18 shows the distribution of children upto two years of age, who receive breastfeeding, by how soon after birth the breastfeeding was started.

Whereas the majority of infants (52 percent in South-Eastern region and 57 percent in Eastern region) receive breast milk immediately after birth, 19 percent in South-Eastern region and 18 percent in Eastern region, receive breastfeeding after 6 hours on the day of their birth. Eleven percent in the South-Eastern region and 13 percent in the Eastern region receive breast milk between first and second day of their birth. Eighteen percent in South-Eastern region and 12 percent in the Eastern region are given breast milk after more than 2 days of their birth.

Characteristics	Ever been breastfed	First time breastfed				Number of children
		Immediately after birth	After 6 hours but on the first day	Between 1 and 2 days	After more than 2 days	
Sex						
Male	98.0	52.8	19.8	12.1	15.3	253
Female	98.5	61.5	16.9	9.6	11.9	264
Region						
Central	100.0	69.1	17.0	6.4	7.4	94
South-Eastern	98.1	52.4	18.9	10.7	18.0	210
Eastern	97.7	56.7	18.3	13.0	12.0	213
Total East	**98.3**	**57.3**	**18.3**	**10.8**	**13.6**	**517**

Table 18: Percent distribution of children under two years of age by how soon after breastfeeding was initiated, East of Afghanistan, 2000

Salt iodization

Deficiency of iodine in the diet causes goiter, an enlargement of the thyroid gland, and can cause brain damage due to such a deficiency before birth or during infancy or childhood. The iodization of salt is a low-cost way of preventing iodine deficiency disorders (IDD).

In MICS2, interviewers tested household salt for iodine levels by means of a testing kit. *Adequately iodized salt* contains 15 PPM (parts per million) of iodine or more.

As depicted in Table 19, an alarmingly high majority, 98 percent of households, in the East of Afghanistan have less than adequate iodization of salt that was tested during the MICS.

Region	Percent of households with no salt	Percent of households with salt testing	Percent of households with salt testing		Number of households interviewed
			Less than 15 PPM	15 + PPM	
Central	1	98	94.4	3.1	160
South-Eastern	0	99	98.8	0.6	321
Eastern	0	100	97.5	2.3	399
Total East	**0**	**99**	**97.4**	**1.8**	**880**

Table 19: Percentage of households consuming adequately iodized salt, East of Afghanistan, 2000

Vitamin A supplementation

Vitamin A deficiency (VAD) can cause eye damage and blindness in children. It also impairs children's immune systems, increasing their chances of dying due to common childhood diseases and undermines the health of pregnant and lactating women. Yet it can be easily prevented by vitamin A supplementation, food fortification or dietary change. Based on UNICEF/WHO guidelines children aged 6-11 months should be given one high dose Vitamin A capsules a year and children aged older than one year to be given two capsules. In some parts of the country, Vitamin A capsules are linked to immunization services and are given when the child has contact with these services after six months of age. It is also recommended that mothers take a Vitamin A supplement within eight weeks of giving birth due to increased Vitamin A requirements during pregnancy and lactation.

Within the six months prior to the MICS2, a very high percentage (71 percent) of children aged 6-59 months in the East of Afghanistan did not receive the high dose Vitamin A supplement (Table 20). About 1 percent of children did not receive the supplement in the last 6 months but did receive one prior to that time. Another 2 percent of children received a Vitamin A supplement at some time in the past but their mother/caretaker was unable to specify when. It may be noted that in Afghanistan the mothers / caretakers may not be aware of the Vitamin A supplementation given to young children on account of the fact that many a times older brothers take their younger siblings to receive the Vitamin A supplementation, which might have contributed to higher than expected figures of Vitamin A 'never received'.

The age pattern of Vitamin A supplementation shows that supplementation in the last six months drops considerably from 31 percent among children aged 6-11 months to 21 percent among children aged 12-23 months and then rises steadily with age to 30 percent among the oldest children.

Characteristics	Percent of children who received Vitamin A supplement			Not sure if received	Never received	All	Number of children
	Within last 6 months	Prior to last 6 months	Not sure when				
Sex							
Male	26.4	1.7	1.2	0.4	70.2	100.0	484
Female	25.6	0.6	1.8	0.2	71.8	100.0	511
Region							
Central	25.0	0.6	0.6	.	73.9	100.0	176
South-Eastern	26.5	2.5	2.5	0.5	67.9	100.0	393
Eastern	26.1	.	0.9	0.2	72.8	100.0	426
Age							
6-11 months	30.5	0.8	.	0.8	67.9	100.0	995
12-23 months	21.1	1.8	0.4	.	76.7	100.0	223
24-35 months	26.0	0.4	0.4	0.4	72.9	100.0	258
36-47 months	25.9	1.2	3.2	.	69.6	100.0	247
48-59 months	30.1	1.5	3.7	0.7	64.0	100.0	136
Education level of caretaker							
No education	25.8	1.2	1.6	0.3	71.2	100.0	955
Some educ.	32.5	.	.	.	67.5	100.0	40
Total East	**26.0**	**1.1**	**1.5**	**0.3**	**71.1**	**100.0**	**995**

Table 20: Percent distribution of children of age 6-59 months by Vitamin A supplement status, East of Afghanistan, 2000

Night Blindness

Persistent Vitamin A deficiency in the body causes night blindness. Table 21 shows the distribution of children by night blindness status. It was found that among children of 24-59 months of age, less than 1 percent in the South-Eastern region and 1 percent in the Eastern region are suffering from night blindness while a similar percentage of children in both regions respectively have problem seeing during night. Less than 1 percent of children in South-Eastern region and 2 percent in Eastern region are have problems in seeing during the day. Overall girls are found to be less affected than boys.

Characteristics	Night blindness status			Number of children
	Problem seeing in day	Problem seeing at night	Night blindness	
Sex				
Male	1.9	1.3	1.3	316
Female	1.2	0.6	0.3	325
Region				
Central	2.9	2.9	1.0	104
South-Eastern	0.4	0.4	0.4	257
Eastern	2.1	0.7	1.0	280
Age				
24-35 months	3.1	1.2	1.2	258
36-47 months	0.8	0.8	0.4	247
48-59 months	0.0	0.7	0.7	136
Total East	**1.6**	**0.9**	**0.8**	**641**

Table 21: Percent distribution of children of age 24-59 months by Night Blindness status, East of Afghanistan, 2000

E. Child Health

Immunization coverage

According to UNICEF and WHO guidelines, a child should receive a BCG vaccination to protect against tuberculosis, three doses of DPT to protect against diphtheria, pertussis, and tetanus, three doses of polio vaccine, and a measles vaccination by the age of 12 months. In MICS2, mothers were asked to provide vaccination cards for children under the age of five. Interviewers copied vaccination information from the cards onto the MICS questionnaire. Mothers were also probed to report any vaccinations the child received that did not appear on the card. Overall, 86 percent of children had health cards. If the child did not have a card, the mother was read a short description of each vaccine and asked to recall whether or not the child had received it and, for DPT and Polio, how many times.

Fifty-nine percent of children aged 12-23 months in the South-Eastern region and 89 percent in the Eastern region have received a BCG vaccination and the first dose of DPT has been given to 51 percent children in South-Eastern region and 86 percent children in Eastern region. The percentage declines for subsequent doses of DPT to 37 percent in South-Eastern region and 76 percent in Eastern region for the second dose, and 28 percent in South-Eastern region 61 percent in Eastern region and for the third dose (Figure 4).

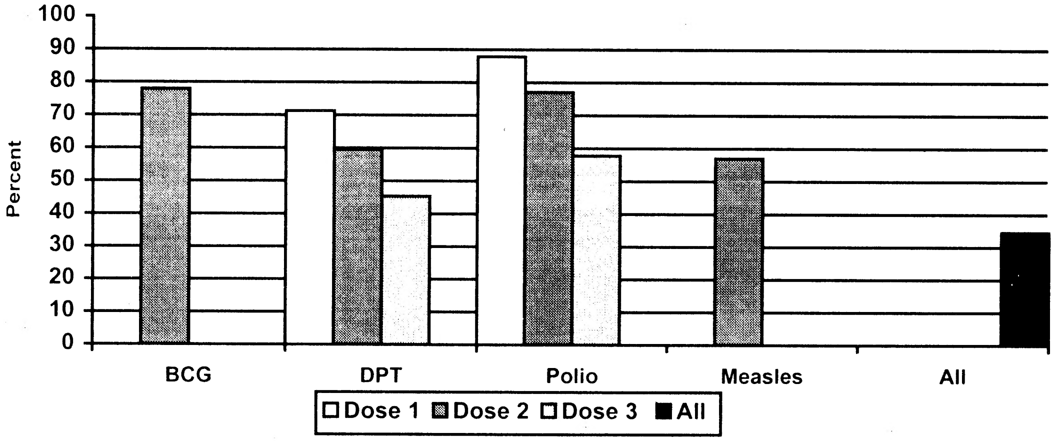


Figure 4: Percentage of children aged 12-23 months who received immunizations, East of Afghanistan, 2000

Seventy-eight percent of children in South-Eastern region and 95 percent in Eastern region, have received Polio 1 by age 12 months and this declines to 41 percent in South-Eastern region and 72 percent in Eastern region by the third dose. The coverage for measles vaccine is at 34 percent in South-Eastern region and 77 percent in Eastern region. As a result, the percentage of children who have all eight recommended vaccinations was low at only 19 percent in South-Eastern region and 47 percent in Eastern region.

Male and female children are vaccinated at roughly the same rate, however, among the children whose mothers reported for their vaccination status females had overall more vaccination coverage as compared to those whose vaccination status was assessed with their vaccination cards. A general comparison, regardless of sex, between vaccination cards and mothers reporting is presented in Figure 5.

I. Introduction

Background of the Survey

At the World Summit for Children held in New York in 1990, a State Observer representing the Government of Afghanistan pledged itself to a Declaration and Plan of Action for Children. However, no National Programme of Action for Children was developed.

The Plan of Action also called for the establishment of mechanisms for monitoring progress toward the goals and objectives set for the year 2000. Toward this end, UNICEF has developed a core set of 75 indicators of specific aspects of the situation of children in coordination with other international organizations. A MICS was conducted in 1997 to measure progress at mid-decade. The 2000 Afghanistan MICS (MICS2) has been implemented to provide end-decade information on many of the indicators. However, due to political instability and inaccessibility of women, the country could not be covered entirely, and the present report is based on the data collected from East of Afghanistan in 22 sample districts spread in 8 provinces of Eastern, South-Eastern and Central regions (Appendix B).

The Afghanistan MICS2 in these 22 sample districts was conducted by the Institutional Consultancy Services (ICONS) of GTZ's Strengthening of Health Services Academy Islamabad Project (SHAIP), with support of the Central Statistics Office of the Islamic Emirate of Afghanistan. Funding was provided by the UNICEF Afghanistan Country Office.

A Steering Committee was formed by UNICEF Afghanistan to monitor the planning, implementation and finalization of the MICS2 in Afghanistan.

This report presents results on the principal topics covered in the survey and on the World Summit indicators for East of Afghanistan.

Survey Objectives

The 2000 Afghanistan Multiple Indicator Cluster Survey has as its primary objectives:

- To provide up-to-date information for assessing the situation of children and women in Afghanistan at the end of the decade and for looking forward to the next decade;
- To furnish data needed for monitoring progress toward goals established at the World Summit for Children (1990) and a basis for future action;
- To contribute to the improvement of data and monitoring systems in Afghanistan and to strengthen technical expertise in the design, implementation, analysis and interpretation of such systems.

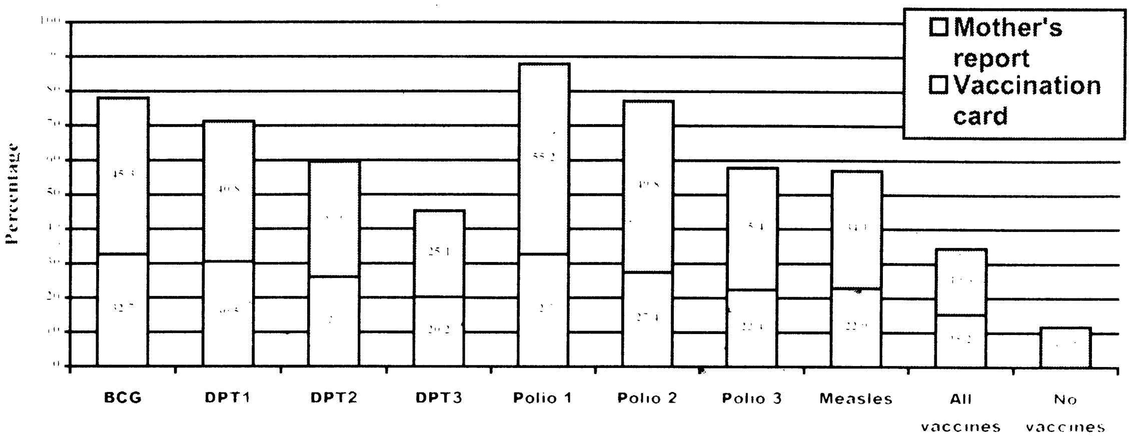


Figure 5: Comparison of vaccination status of children aged 12-23 months based on vaccination cards and mother's report, East of Afghanistan, 2000

In Table 22, the percentage of children age 12-23 months currently vaccinated against childhood diseases is shown according to background characteristics. The estimates in this table refer to children who received the vaccinations by the time of the survey, even if they did not occur prior to the age of 12 months.

Characteristics	Percentage of children vaccinated											No. of children
	BCG	OPV0	OPV1	OPV2	OPV3	DPT1	DPT2	DPT3	Measles	All	None	
Sex												
Male	78.0	7.3	89.9	76.1	58.7	74.3	65.1	51.4	58.7	35.8	10.1	109
Female	78.1	5.3	86.0	78.1	57.0	68.4	54.4	39.5	55.3	33.3	13.2	114
Region												
Central	89.6	2.1	91.7	79.2	60.4	79.2	66.7	45.8	58.3	37.5	6.3	48
South-Eastern	59.0	2.4	78.3	65.1	41.0	50.6	37.3	27.7	33.7	19.3	21.7	83
Eastern	89.1	12.0	94.6	87.0	71.7	85.9	76.1	60.9	77.2	46.7	5.4	92
Caretaker's Education												
No Education	77.4	6.0	87.6	77.4	58.1	70.5	59.0	45.6	55.8	34.6	12.0	217
Some Education	100.0	16.7	100.0	66.7	50.0	100.0	83.3	33.3	100.0	33.3	0.0	6
Total East	**78.0**	**6.3**	**87.9**	**77.1**	**57.8**	**71.3**	**59.6**	**45.3**	**57.0**	**34.5**	**11.7**	**223**

Table 22: Percent of children age 12-23 months immunized against childhood diseases, East of Afghanistan, 2000

Regional breakdowns are based on small numbers of cases and should be viewed with caution, but it appears that South-Eastern region had the lowest coverage rates for most vaccinations and the lowest percentage of children who had received all of the recommended vaccinations.

Diarrhea

Dehydration caused by diarrhea is a major cause of mortality among children in Afghanistan. Home management of diarrhea – either through oral rehydration salts (ORS) or a recommended home fluid (RHF) - can prevent many of these deaths. Preventing dehydration and malnutrition by increasing fluid intake and continuing to feed the child are also important strategies for managing diarrhea.

In the MICS2 questionnaire, mothers (or caretakers) were asked to report whether their child had had diarrhea in the two weeks prior to the survey. If so, the mother / caretaker was asked a series of questions about what the child had to drink and eat during the episode and whether this was more or less than the child usually ate and drank. Overall, 50 percent of under-five children had diarrhea in the East of Afghanistan in the two weeks preceding the survey (Table 23). The peak of diarrhea prevalence is observed among children age 12-35 months.

Table 23 also shows the percentage of children receiving various types of recommended liquids during the episode of diarrhea. Forty-four percent of these children in the East of Afghanistan receive breast milk. Children under age 12 months are especially likely to have received breast milk (93 percent). About 32 percent of children receive gruel. Among children who receive ORS during episodes of diarrhea the Eastern region seems better off at 56 percent while in South-Eastern region only 32 percent children with diarrhea receive ORS. Approximately all children with diarrhea receive one or more of the recommended home treatments (i.e., were treated with ORS or RHF). Since mothers were able to name more than one type of liquid, the percentages do not necessarily add up to 100.

Characteristics	**Had diarrhea in the last two weeks**	Percent of children with diarrhea who received								**Total number of children <5 years**
		Breast milk	Gruel	Other acceptable	ORS packet	Other milk	Water with feeding	Any recommended treatment	No treatment	
Sex										
Male	52.9	42.3	29.9	34.6	47.7	54.7	79.9	99.3	0.7	563
Female	47.4	44.8	34.4	36.2	42.7	43.4	80.6	98.9	1.1	588
Region										
Central	61.1	38.8	33.1	27.3	50.4	34.7	79.3	99.2	0.8	198
South-Eastern	50.0	41.2	29.6	37.3	32.2	55.4	81.1	99.1	0.9	466
Eastern	45.8	48.4	34.1	37.7	56.1	50.7	79.8	99.1	0.9	487
Age (in months)										
0-11	48.3	92.9	16.3	24.1	48.9	31.9	45.4	99.3	0.7	292
12-35	58.4	38.7	36.2	36.2	42.7	52.3	90.3	98.9	1.1	478
36-59	41.2	7.6	38.9	43.9	46.5	59.2	93.6	99.4	0.6	381
Caretaker's Education										
No Edu.	50.8	43.9	32.7	35.9	45.0	49.3	80.5	99.3	0.7	1102
Some Edu.	34.7	29.4	11.8	17.6	52.9	47.1	70.6	94.1	5.9	49
Total East	**50.1**	**43.5**	**32.1**	**35.4**	**45.2**	**49.2**	**80.2**	**99.1**	**0.9**	**1151**

Table 23: Percentage of under-five children with diarrhea in the last two weeks and treatment, East of Afghanistan, 2000

Almost half of the children under-five in the East of Afghanistan had diarrhea in the two weeks prior to the survey. Of these 67 percent in South-Eastern region and 40 percent in Eastern region drink more than usual while 33 percent in South-Eastern region and 60 percent in Eastern region drink the same or less (Tables 24). About 68 percent in the South-Eastern region and 61 percent in the Eastern region eat somewhat less, the same, or more than usual while 32 percent in the South-Eastern region and 39 percent in the Eastern region eat much less than usual or none. 50 percent in South-Eastern region and 26 percent in Eastern region, of under-five children with diarrhea, receive increased fluids and continue eating as recommended.

The average annual number of episodes of diarrhea per child under five years of age can be very roughly estimated, although the accuracy is affected by seasonal variation, i.e., June-August. The figure reaches 13 episodes/year per child, which is extremely high. (0.501 * 52 weeks / 2 weeks).

Characteristics	Percent of children who had diarrhea in the last two weeks	Percent of children with diarrhea				Percent of children receiving increased fluids and continued eating during diarrhea episode	Total number of children < 5 years
		Status of taking liquids during the episode		Status of taking solids during the episode			
		Drank more	Drank the same or less	Ate somewhat less, same or more	Ate much less or none		
Sex							
Male	52.9	53.4	46.6	63.8	36.2	36.6	536
Female	47.4	58.3	41.7	68.6	31.4	42.7	588
Region							
Central	61.1	62.4	37.6	70.9	29.1	47.0	198
South-Eastern	50.0	67.0	33.0	68.4	31.6	49.1	466
Eastern	45.8	40.2	59.6	61.1	38.9	25.5	487
Age (in months)							
0-11	48.3	48.1	51.9	54.3	45.7	24.6	292
12-35	58.4	58.1	41.9	67.2	32.8	41.7	478
36-59	41.2	58.6	41.4	75.0	25.0	49.3	381
Caretaker's education							
No Education	50.8	56.2	43.8	66.7	33.3	39.9	1102
Some Education	34.7	40.0	60.0	46.7	53.3	26.7	49
Total East	**50.1**	**55.8**	**44.2**	**66.1**	**33.9**	**39.6**	**1151**

Table 24: Percentage of under-five children with diarrhea in the last two weeks who took increased fluids and continued to feed during the episode, East of Afghanistan, 2000

Acute respiratory infection

Acute lower respiratory infections, particularly pneumonia, are one of the leading causes of child deaths in Afghanistan. In the MICS2 questionnaire, children with acute respiratory infection are defined as those who had an illness with a cough accompanied by rapid or difficult breathing and whose symptoms were due to a problem in the chest, or both a problem in the chest and a blocked nose, or whose mother did not know the source of the problem.

According to these criteria overall, 18 percent of under-five children in the East of Afghanistan had an acute respiratory infection in the two weeks prior to the survey (Table 25). Of these, 7 percent were taken to a hospital for treatment and 9 percent to a health center. Six percent of under-five children with acute respiratory infection in the South-Eastern region as compared to none in the Eastern region were taken to a dispensary. On the other hand 6 percent of such children in the Eastern region, as compared to none in the South-Eastern region, were provided treatment by a village health worker.

A very high proportion, 49 percent, of these children in the East of Afghanistan were treated by a 'private physician' whose credentials were unknown to the respondents. Only about 1 percent were reported to be taken to traditional healers, while those treated by a relative or friend were also as low as 3 percent. Overall, 68 percent of children with ARI in East of Afghanistan were taken to an appropriate health provider (i.e., hospital, health center, dispensary, village health worker, Mother and Child Health (MCH) center, mobile / outreach clinic and private physician).

It may be noted that the question on health providers was a multiple response question and therefore more than one answer was possible, with the result that the percentages of various categories will not add up to more than 100 percent. There was a low number of children with acute respiratory tract infection in the last two weeks, whose mothers / caretakers have some

education: all such children were reportedly either taken to a hospital (25 percent), health center (25 percent) or private physician (25 percent). In contrast a larger percentage of children falling sick with acute respiratory infection had mothers / caretakers who have no education: 50 percent of these children were taken to a private physician for treatment, while only 7 percent were taken to a hospital and 9 percent to a health center.

Characteristics	Had acute respiratory infection	Children with ARI who were taken to: Hospital	Health Center	Dispensary	Village health worker	MCH Center	Mobile / outreach clinic	Private Physician	Traditional Healer	Pharmacy or drug seller	Relative or Friend	Other	Any appropriate provider	Total number of Children < 5 years
Sex														
Male	19.2	8.3	6.4	1.8	2.8	1.8	5.5	50.5	0.0	1.8	3.7	0.0	66.1	568
Female	17.5	5.8	11.7	3.9	2.9	1.0	6.8	47.6	1.0	1.0	1.9	1.0	68.9	589
Region														
Central	18.7	8.1	5.4	2.7	2.7	5.4	2.7	40.5	0.0	0.0	2.7	0.0	59.5	198
South-Eastern	18.2	5.9	7.1	5.9	0.0	0.0	2.4	44.7	1.2	0.0	2.4	0.0	62.4	467
Eastern	18.3	7.8	12.2	0.0	5.6	1.1	11.1	56.7	0.0	3.3	3.3	1.1	75.6	492
Age														
0-11	15.3	4.4	13.3	4.4	4.4	0.0	4.4	44.4	0.0	0.0	4.4	0.0	64.4	294
12-35	21.7	8.7	7.7	2.9	1.9	1.9	3.8	52.9	0.0	1.9	1.9	1.0	69.2	480
36-59	16.4	6.3	7.9	1.6	3.2	1.6	11.1	46.0	1.6	1.6	3.2	0.0	66.7	383
Caretaker's Education														
No Education	18.8	6.7	8.7	2.9	2.9	1.4	6.3	49.5	0.5	1.4	2.9	0.5	67.3	1109
Some Education	8.3	25.0	25.0	0.0	0.0	0.0	0.0	25.0	0.0	0.0	0.0	0.0	75.0	48
Total East	**18.3**	**7.1**	**9.0**	**2.8**	**2.8**	**1.4**	**6.1**	**49.1**	**0.5**	**1.4**	**2.8**	**0.5**	**67.5**	**1157**

Table 25: Percentage of under-five children with acute respiratory infection in the last two weeks and treatment by health providers, East of Afghanistan, 2000

IMCI initiative

The Integrated Management of Childhood Illnesses (IMCI) is a programme developed by UNICEF and WHO that combines strategies for control and treatment of five major killers of children – acute lower respiratory tract infections, diarrheal dehydration, measles, malaria, and malnutrition. The programme focuses on the improvement of case management skills by health workers, improvement of the health system, and improvement of family and community practices in the prevention and early management of childhood illnesses. Appropriate home management of illness is one component of IMCI. The approach teaches mothers that appropriate home management of diarrhea or any other illness requires giving more fluids and continuing to feed sick children as they are normally fed.

Table 26 presents information on the drinking and eating behavior of sick children. In the East of Afghanistan 63 percent of children under-five were reported to have had diarrhea or some other illness in the two weeks preceding the survey. Of these, 62 percent children in the South-Eastern region and 38 percent in the Eastern region drank more liquids during the illness. 69 percent in the South-Eastern region and 60 percent in the Eastern region continued eating (i.e., ate somewhat less, the same, or more). Forty-five percent of these children in South-Eastern region in contrast to only 23 percent in the Eastern region received increased fluids and continued eating as recommended under the IMCI programme.

Characteristics	Had illness in the last two weeks	Percent of children with illness: Status of taking liquids during the episode		Status of taking solids during the episode		Received increased fluids and continued eating	Total number of children < 5 years
		Drank more	Drank the same or less	Ate somewhat less, same or more	Ate much less or none		
Sex							
Male	66.1	50.3	49.7	64.3	35.7	34.9	567
Female	59.9	54.4	45.6	66.4	33.6	38.2	589
Region							
Central	69.2	62.4	37.6	69.9	30.1	46.6	198
South-Eastern	63.1	62.1	37.9	68.5	31.5	45.3	466
Eastern	60.4	37.8	62.2	60.0	40.0	23.1	492
Age							
0-11	61.2	45.4	54.6	58.2	41.8	24.9	294
12-35	69.4	56.4	43.6	66.8	33.2	40.9	480
36-59	59.3	51.7	48.3	69.0	31.0	39.5	382
Caretaker's Education							
No Education	64.0	52.7	47.3	65.9	34.1	36.8	1107
Some Education	38.8	35.3	64.7	41.2	58.8	23.5	49
Total East	**63.0**	**52.3**	**47.7**	**65.3**	**34.7**	**35.5**	**1156**

Table 26: Percentage of under-five children reported illness in the last two weeks who took increased fluids and continued to feed during the episode, East of Afghanistan, 2000

Promoting knowledge among caretakers about when it is appropriate to seek care for ill children is another important component of the IMCI programme. In the MICS2, mothers or caretakers of children were asked to name all of the symptoms that would cause them to take a child to a health facility right away. The commonest response, given by 76 percent of mothers, is that they would take their child to a health facility right away if he/she develops a fever (Table 27). In the South-Eastern region 45 percent and in the Eastern region 60 percent believe that the child becoming sicker would cause them to take the child to a health facility. Thirty-nine percent in the South-Eastern region and 31 percent in the Eastern region think of difficulty in breathing as the hallmark for them to seek healthcare services for their child. Other responses include 2 percent of mothers in the South-Eastern region and 5 percent in the Eastern region citing the child's inability to breastfeed and 49 percent in the South-Eastern region and 39 percent in the Eastern region citing child's fast breathing, plus another 29 percent in the South-Eastern region and 34 percent in the Eastern region cited blood in stools as among the reasons for taking a child to a health facility right away. Overall 72 percent of mothers / caretakers in the East of Afghanistan know of at least two signs that would alert them to seek care for their sick child.

Characteristics	Knows child should be taken to health care facility if child: Not able to drink or breast feed	Becomes sicker	Develops a fever	Has fast breathing	Has difficult breathing	Has blood in stool	Drinking poorly	Knows at least (any) two of the signs	No. of caretakers
Region									
Central	2.4	51.2	90.2	32.5	38.2	31.7	3.3	77.2	123
South-Eastern	2.1	44.8	76.0	49.0	38.5	29.2	4.2	71.9	96
Eastern	5.2	60.3	80.0	39.4	31.3	34.2	3.2	79.0	310
Caretaker's Education									
No Education	2.2	45.2	75.3	47.3	39.8	26.9	4.3	71.0	93
Some Education	0.0	33.3	100.0	100.0	0.0	100.0	0.0	100.0	3
Total East	**2.1**	**44.8**	**76.0**	**49.0**	**38.5**	**29.2**	**4.2**	**71.9**	**96**

Table 27: Percentage of caretakers of under-five children who knows at least two signs for seeking healthcare, East of Afghanistan, 2000

F. Reproductive Health

Contraception

In Afghanistan it is assumed that only currently married women will have active sexual relations and therefore the questions regarding contraception were posed to currently married women only. In the East of Afghanistan the highest level of contraception (22 percent) is found to be due to lactational amenorrhea. However, it needs to be viewed with caution whether the women with lactational amenorrhea are consciously relying on the amenorrhea as a contraceptive mechanism or is it simply that they could not conceive due to the amenorrhea. Thus excluding lactational amenorrhea, 1 percent of women are using traditional method of contraception, which comprises of withdrawal, periodic abstinence, and 'other' methods in that order. However the percentage of women using modern methods of contraception (sterilization, pill, IUD or injections) is found to be more in Eastern region at 6 percent as compared to 1 percent in the South-Eastern region (Table 28).

Contraceptive prevalence (any method – excluding lactational amenorrhea) is 8 percent in the Eastern region as compared to 2 percent in the South-Eastern region.

Charac-teristics	Percent of women who are using									Modern	Traditional	Any method	No. of Women
	Female sterilization	Male sterilization	Pill	IUD	Injections	Lactational amenorrhea	Periodic abstinence	With-drawl	Other				
Region													
Central	1.1	0.6	0.6	0.6	0.6	16.7	0.6	1.1	0.0	3.3	1.7	5.4	168
South-Eastern	0.2	0.0	0.5	0.0	0.2	18.1	0.2	0.2	0.0	1.0	0.5	2.2	401
Eastern	1.2	0.0	2.2	0.5	2.7	27.3	0.5	0.5	0.7	6.3	1.7	8.4	393
Age (in years)													
< 20	0.0	0.0	0.6	0.0	0.0	19.1	0.6	0.6	0.0	0.6	1.2	2.5	160
20 - 24	0.0	0.0	0.0	0.0	2.1	23.4	0.0	0.0	0.0	2.1	0.0	3.2	93
25 - 49	1.1	0.1	1.5	0.4	1.5	21.9	0.4	0.5	0.4	4.4	1.3	6.2	709
Education													
No. Edu.	0.6	0.1	1.1	0.2	1.2	21.3	0.2	0.5	0.3	3.2	1.0	4.8	920
Madrassa non-standard	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1
Primary	8.3	0.0	4.2	0.0	4.2	25.0	8.3	0.0	0.0	16.7	8.3	27.3	22
Secondary +	0.0	0.0	0.0	5.3	0.0	31.6	0.0	0.0	0.0	5.3	0.0	5.3	19
Total East	**0.8**	**0.1**	**1.2**	**0.3**	**1.3**	**21.6**	**0.4**	**0.5**	**0.3**	**3.6**	**1.2**	**5.3**	**962**

Table 28: Percentage of married women aged 12-49 who are using a contraceptive method· East of Afghanistan, 2000

Prenatal care

Quality prenatal care can contribute to the prevention of maternal mortality by detecting and managing potential complications and risk factors, including pre-eclampsia, anemia, and sexually transmitted diseases. Prenatal care also provides opportunities for women to learn the danger signs of pregnancy and delivery, to be immunized against tetanus, to learn about infant care, and be treated for existing conditions, such as malaria and anemia.

Tetanus toxoid injections are given to women during pregnancy to protect infants from neonatal tetanus, a major cause of infant death that is due primarily to unsanitary conditions during childbirth in addition to protecting women from developing tetanus themselves or suffering from sepsis. Two doses of tetanus toxoid during pregnancy offer full protection. However, if a woman was vaccinated during a previous pregnancy, she may only need a booster to give full protection. Five doses are thought to provide lifetime protection.

More than half (56 percent) women with recent births in East of Afghanistan are protected against neonatal tetanus (Table 29). A large majority of these women, 46 percent, received two or more doses of tetanus toxoid within the last three years. Women with some education

are more likely to be protected against tetanus at 71 percent as compared to those who have no education at 55 percent.

Characteristics	Percent of mothers with a birth in the last 12 months who:				No. of Mothers
	Received at least 2 doses, last within 3 years	Received at least 3 doses last within 10 years	Received at least 5 doses during lifetime	Protected against tetanus	
Region					
Central	40.0	8.0	6.0	54.0	50
South-Eastern	49.1	6.1	1.8	57.0	114
Eastern	44.5	9.1	0.9	54.5	110
Education					
No Education	44.6	7.7	2.3	54.6	260
Some Education	64.3	7.1	0.0	71.4	14
Total East	**45.6**	**7.7**	**2.2**	**55.5**	**274**

Table 29: Percent of mothers with birth in the last 12 months protected against neonatal tetanus, East of Afghanistan, 2000

Female respondents who had had a birth in the year prior to the MICS2 were asked whether they had received prenatal care for the birth and, if so, what type of person provided the care. If the woman saw more than one type of provider, all were recorded in the questionnaire. Table 30 presents the percent distribution of women with a birth in the year prior to the MICS2 by the type of personnel who delivered prenatal care. If more than one provider was mentioned by the respondent, she is categorized as having seen the most skilled person she mentioned.

Characteristics	Persons delivering prenatal care					Any skilled personnel	No prenatal care received	Total	No. of Mothers
	Doctor	Nurse/ midwife	Auxiliary midwife	Traditional birth attendant	Other/ missing				
Region									
Central	22.0	10.0	8.0	4.0	0.0	40.0	56.0	100	50
South-Eastern	28.9	2.6	0.0	0.0	3.5	31.6	64.0	100	114
Eastern	31.8	9.1	0.0	8.2	5.5	40.9	42.7	100	110
Education									
No Education	28.5	6.2	1.2	4.2	3.8	35.8	54.6	100	260
Some Education	35.7	14.3	7.1	0.0	0.0	57.1	42.9	100	14
Total East	**28.8**	**6.6**	**1.5**	**4.0**	**3.6**	**36.9**	**54.0**	**100**	**274**

Table 30: Percent distribution of women age 12 – 49 with a birth in the last year by type of personnel delivering prenatal care, East of Afghanistan, 2000

A high percentage of women (64 percent) in the South-Eastern region do not receive any type of prenatal care as compared to 43 percent in the Eastern region. Of the women who do receive prenatal care, 32 percent in the South-Eastern region and 41 percent in the Eastern region receive it from skilled personnel (doctor, nurse, midwife). Overall in the East of Afghanistan 29 percent of women receive prenatal care from a doctor. Traditional birth attendants do not seem to be the providers of prenatal care in South-Eastern region while 8 percent of women in Eastern region receive prenatal care from traditional birth attendants.

Assistance at delivery

The provision of delivery assistance by skilled attendants can greatly improve outcomes for mothers and children by the use of technically appropriate procedures, and accurate and speedy diagnosis and treatment of complications.

Skilled assistance at delivery is defined as assistance provided by a doctor, nurse, or midwife. In the East of Afghanistan only 12 percent of women receive assistance at delivery by skilled personnel (Table 31).

Characteristics	Persons assisting at delivery						Any skilled personnel	No assistance received	No. of Mothers	Total
	Doctor	Nurse/-midwife	Auxiliary midwife	Traditional birth attendant	Relative / friend	Other/ missing				
Region										
Central	2.0	12.0	4.0	6.0	64.0	4.0	18.0	8.0	100	50
South-Eastern	6.1	2.6	0.9	11.4	64.9	8.8	9.6	4.4	100	114
Eastern	7.3	1.8	3.6	19.1	50.0	10.9	12.7	6.4	100	110
Education										
No Education	4.2	3.8	2.7	13.8	60.4	8.8	10.8	5.4	100	260
Some Education	35.7	7.1	0.0	7.1	28.6	7.1	42.9	14.3	100	14
Total East	**5.8**	**4.0**	**2.6**	**13.5**	**58.8**	**8.8**	**12.4**	**5.8**	**100**	**274**

Table 31: Percent distribution of women age 12 – 49 with a birth in the last year by type of personnel assisting at delivery, East of Afghanistan, 2000

Sixty-five percent of women in the South-Eastern region as compared to 50 percent in the Eastern region receive assistance at delivery from relatives / friends. Three percent of births in the South-Eastern region and 2 percent in the Eastern region are delivered with assistance of a midwife (nurses or auxiliary midwives). Overall doctors assist with the delivery of only 6 percent of births. 11 percent of births in South-Eastern region and 19 percent in Eastern region are assisted by traditional birth attendants. A small percentage of women, 4 percent in the South-Eastern region and 6 percent Eastern region, deliver without the assistance of anyone at all.

Anemia

Among other determinants of maternal mortality and poor women's health, less than adequate level of Hemoglobin in blood, called anemia, is an important but preventable determinant. Many women around the world suffer from anemia, which leads to poor quality of life and high perinatal risks. According to UNICEF standards a non-pregnant woman of childbearing age is said to have anemia if her hemoglobin (Hb) level is below 12 grams per 100 milliliters (mls) of blood. Similarly a pregnant woman is said to have anemia if her blood Hb level is less than 11 grams per 100 mls of blood.

For MICS2 the "Tallquist" scale was used for measuring blood hemoglobin in women of 12 – 49 years of age. The Tallquist scale is based upon classical color matching procedure using a commercially available book with color standards ranging from 30-100 percent. A drop of unmodified whole blood is placed on a strip of blotting paper (from the book) and the color of the drop when dry is compared with a range of standards graduated in % Hb in intervals of 10%. This method is quick and easy to use. The Tallquist assumes that 100% Hb = 14.6 grams Hb per 100 ml (1966, Ellwood and Jacobs, *Hemoglobin Estimation: A Comparison of Different Techniques*, British Medical Journal). Based on the Tallquist method of 100% Hb-14.6 grams Hb per 100 mls, the non-pregnant women of 12-49 years having less than 82.2% Hb are anaemic. Similarly pregnant women of 12-49 years having less than 75.3% Hb are anaemic.

Table 32 shows the percentage of pregnant and non-pregnant (or unsure whether pregnant or not) women, having hemoglobin levels below that of the anemia cut-off values. Of the pregnant women 55 percent in the South-Eastern region and 91 percent in the Eastern region are anemic. On the other hand of women who are not pregnant or are unsure of their pregnancy 83 percent in the South-Eastern region and 95 percent in the Eastern region are anaemic!

Characteristics	Pregnant		Not-pregnant / Not sure		Number of women
	% of women	Hb < 75.3 %	% of women	Hb < 82.2%	
Region					
Central	21.7	61.5	78.3	89.4	180
South-Eastern	22.4	55.4	77.6	82.7	420
Eastern	22.7	91.4	77.3	94.6	410
Age					
< 20 yrs	30.2	75.5	69.8	86.7	162
20-24 yrs	27.7	60.0	72.3	95.6	94
25-49 yrs	20.0	72.0	80.0	88.3	754
Total East	**22.4**	**71.4**	**77.6**	**88.7**	**1010**

Table 32: Percentage of women age 12 – 49 and hemoglobin levels, East of Afghanistan, 2000

G. Child Rights

Birth certification

The Convention on the Rights of the Child states that every child has the right to a name and a nationality and the right to protection from being deprived of his or her identity. Birth registration is a fundamental means of securing these rights for children. In East of Afghanistan no formal birth registration mechanism exists therefore the results do not show birth registration but certification of birth by the person / institution who assisted in the delivery of the child. Only 2 percent of children under five years of age in the South-Eastern region have birth certificates. A comparatively better percentage (18 percent) of children in the Eastern region has birth certificates (Table 33). The birth certification rates across sexes or age categories are not very different.

Characteristics	Birth certificate present (%)	No birth certificate (%)	Number
Sex			
Male	9.3	90.5	569
Female	10.4	89.5	589
Region			
Central	8.6	91.4	198
South-Eastern	2.1	97.4	467
Eastern	17.6	81.9	493
Age			
< 6 Months	9.2	90.8	163
06 –11 Months	14.5	84.7	131
12 – 23 Months	9.9	90.1	223
24 – 35 Months	10.9	88.8	258
36- 47 Months	6.5	93.5	247
48 – 59 Months	10.3	89.7	136
Caretaker's Education			
No Education	9.4	90.4	1109
Some Education	20.4	79.6	49
Total East	**9.8**	**90.0**	**1158**

Table 33: Percent distribution of Children aged 0 – 59 by presence or absence of birth certificates, East of Afghanistan, 2000

Orphanhood and living arrangements of children

Children who are orphaned or live away from their parents may be at increased risk of impoverishment, discrimination, denial of property rights and rights to inheritance, various forms of abuse, neglect, and exploitation of their labor or sexuality. Monitoring the level of orphanhood and the living arrangements of children assists in identifying those who may be at risk and in tracking changes over time.

In the East of Afghanistan, 94 percent of children aged 0-14 are living with both parents (Table 34). However, less than 1 percent of children have both of their biological parents dead, while 3 percent lost their fathers only. A small percentage – 4 percent for South-Eastern region and 1 percent for Eastern region – are living with their mothers only although their fathers are alive.

In the East of Afghanistan, children who are not living with a biological parent comprise 6 percent and children who have one or both parents dead amount to 4 percent of all children aged 0-14. Older children are more likely to live away from their biological parents than younger children: while 4 percent of children under age five do not live with a biological parent, 10 percent of children aged 10-14 do so.

Characteristics	Living with both parents	Living with neither parents				Living with mother only		Living with father only		Not living with a biological parents	One or both parents dead	No of children
		Father only alive	Mother only alive	Both are alive	Both are dead	Father alive	Father dead	Mother alive	Mother dead			
Region												
Central	93.8	0.0	0.0	0.0	0.0	0.3	4.2	0.0	1.8	6.2	5.9	625
South-Eastern	92.3	0.1	0.0	0.3	0.3	3.5	3.1	0.0	0.5	7.7	4.0	1442
Eastern	95.8	0.0	0.3	0.0	0.3	0.5	2.4	0.0	0.7	4.2	3.3	1545
Age												
0 – 4	95.9	0.0	0.0	0.0	0.0	2.5	1.4	0.0	0.3	4.1	1.5	1167
5 – 9	95.2	0.1	0.1	0.2	0.1	1.6	2.3	0.0	0.5	4.8	2.9	1445
10 – 14	90.3	0.0	0.3	0.1	0.7	0.8	5.9	0.0	1.9	9.7	8.6	1000
Total East	**94.0**	**0.0**	**0.1**	**0.1**	**0.2**	**1.7**	**3.0**	**0.0**	**0.8**	**6.0**	**4.0**	**3612**

Table 34: Percentage of children 0 – 14 years of age in households not living with a biological parent, East of Afghanistan, 2000

Child labor

It is important to monitor the extent to which children work and the type of work in which they participate for several reasons. Children who are working are less likely to attend school and more likely to drop out. This pattern can trap children in a cycle of poverty and disadvantage. Working conditions for children are often unregulated with few safeguards against potential abuse. In addition, many types of work are intrinsically hazardous and others present less obvious hazards to children, such as exposure to pesticides in agricultural work, carrying heavy weights and scavenging in garbage dumps.

In the East of Afghanistan, it is estimated that only about one percent of children aged 5-14 years are engaged in paid work (Table 35). Even lesser participate in unpaid work for someone other than a household member.

II. Survey Methodology

Sample Design

The sample for the Afghanistan Multiple Indicator Cluster Survey (MICS2) was designed to provide estimates of health, nutrition, water and environmental sanitation, education and children's rights indicators at the national level, for urban and rural areas, and for the following regions: *West-Central, Central, Eastern, North-Eastern, South-Eastern, Western, Southern and Northern*. The sample was selected in four stages. A sample of 3,198 households was drawn and 97 districts (census enumeration areas) were selected, with at least 1cluster in each province (Appendix B). The sample districts were selected following the EPI Cluster Sampling Technique. Within each cluster, lists of villages, that were occupied, were made along with obtaining estimates of population sizes of villages. The required number of villages was selected through the application of the EPI sampling technique. Within each village the required number of households was selected randomly through spinning of a bottle. Full technical details of the sample are included in Appendix A.

Questionnaires

The questionnaires for the Afghanistan MICS2 were based on the MICS2 Model Questionnaire with some modifications and additions as required and recommended by the Afghanistan MICS2 Steering Committee.

A household questionnaire was administered in each household, which collected various types of information on household members including sex, age, literacy, marital status, and orphanhood status, availability of radios, BBC "New Home, New Life". The household questionnaire also included education, child labor, water and sanitation, and salt iodization modules. In addition to a household questionnaire, questionnaires were administered in each household for only married women age 12-49 and children under age five. For children, the questionnaire was administered to the mother or caretaker of the child.

The questionnaire for women contains the following modules:

- Child mortality
- Tetanus toxoid
- Maternal and newborn health
- Contraceptive use.
- Last 3 pregnancies
- Hemoglobin testing of women

The questionnaire for children under age five includes modules on:

- Birth certificates
- Vitamin A
- Breastfeeding
- Care of Illness
- Immunization
- Anthropometry
- Disabilities
- Night blindness

From the MICS2 model English version, modified and adapted questionnaires were translated into two languages: Pashto and Dari. The modified and new questions were checked on relevance and validity through consultation with specialists of the subject matter and of Afghan culture. The questionnaires were pre-tested during April 2000, along with the field training of the field team (see below). Based on the results of the pretest, modifications were made to the wording and translation of the questionnaires. For the full questionnaires, see Appendix B.

Characteristics	Paid work (hrs/day)		Unpaid work (hrs/day)		Domestic work (hrs/day)		Street Work (hrs/day)		Family work (Farm/ Business) (hrs/day)		Currently working	No. of children
	< 4	4 +	< 4	4 +	< 4	4 +	< 4	4 +	< 4	4 +		
Sex												
Male	0.9	1.0	0.2	0.2	57.5	5.9	0.0	0.5	0.0	19.9	25.2	1245
Female	0.2	0.0	0.2	0.0	64.8	11.9	0.0	0.2	0.0	7.1	18.0	1200
Age												
5 – 9	0.0	0.1	0.0	0.0	56.7	3.0	0.0	0.2	0.0	9.6	11.6	1445
10 – 14	1.3	1.2	0.5	0.2	67.6	17.4	0.0	0.5	0.0	19.5	36.2	1000
Region												
Central	0.5	0.0	0.0	0.0	63.9	11.9	0.0	1.4	0.0	12.6	23.2	427
South-Eastern	0.6	0.8	0.3	0.1	57.2	10.9	0.0	0.0	0.0	11.9	21.9	969
Eastern	0.5	0.5	0.2	0.1	63.7	5.7	0.0	0.2	0.0	15.6	20.9	1049
Total East	**0.5**	**0.5**	**0.2**	**0.1**	**61.1**	**8.9**	**0.0**	**0.3**	**0.0**	**13.6**	**21.7**	**2445**

Table 35: Percentage of currently working children 5–14 years of age, East of Afghanistan, 2000

'Domestic work' is defined as cooking, shopping, cleaning, washing clothes, fetching water, and caring for children. In the East of Afghanistan a large majority of children (61 percent) do these tasks for less than four hours a day while 9 percent spend more than four hours a day on such tasks. Overall, girls are somewhat more likely than boys, and older children (aged 10-14) are more likely than younger children (aged 5-9 years), to do domestic work.

Children who do any paid or unpaid work for someone who is not a member of the household or who do more than four hours of housekeeping chores in the household or who do other family work are considered to be 'currently working'. Overall, 22 percent of children are classified as currently working. Boys are seen to work more (25 percent) than girls (18 percent).

Disability

Among the disadvantages that children may have due to social, economic or cultural factors, disabilities, both physical and mental, make up an important group.

It is estimated that 2 percent of all children in the East of Afghanistan are suffering from one or the other type of disability. Of these the highest proportion belongs to the physical disabilities which are 91 percent in the South-Eastern region and 71 percent in the Eastern region. Twenty-nine percent of children have mental disabilities in the Eastern region. Nine percent of all children in the South-Eastern region have both mental and physical disabilities in contrast to none such cases in Eastern region.

Among those having disabilities, birth defects account for 50 percent of cases in the South-Eastern region and 16 percent in the Eastern region. Disability due to landmines accounts for 5 percent of cases in South-Eastern region and 16 percent in the Eastern region. Polio constitutes 14 percent of cases in the South-Eastern region and 10 percent in Eastern region. Seventy-three percent in the South-Eastern region and 65 percent in the Eastern region, of children with disabilities had received some form of treatment.

Characteristics	Disabled	Type of Disability			Cause of disability						Received treatment	Number of children
		Physical	Mental	Both	Birth defect	Disease	Accident	Mines	War accident	Polio		
Sex												
Male	1.6	78.1	18.8	3.1	25.0	15.6	6.3	18.8	0.0	15.6	71.9	2012
Female	1.4	81.5	14.8	3.7	44.4	18.5	0.0	3.7	0.0	3.7	63.0	1988
Age (years)												
0-4	0.8	66.7	22.2	11.1	22.2	44.4	0.0	11.1	0.0	11.1	77.8	1167
5-9	1.7	92.0	8.0	0.0	44.0	8.0	4.0	12.0	0.0	8.0	52.0	1445
10-14	1.6	81.3	12.5	6.3	25.0	25.0	6.3	6.3	0.0	12.5	75.0	1000
15-17	2.3	55.6	44.4	0.0	33.3	0.0	0.0	22.2	0.0	11.1	88.9	388
Region												
Central	0.9	83.3	16.7	0.0	66.7	0.0	16.7	16.7	0.0	0.0	66.7	698
South-Eastern	1.4	90.9	0.0	9.1	50.0	9.1	4.5	4.5	0.0	13.6	72.7	1596
Eastern	1.8	71.0	29.0	0.0	16.1	25.8	0.0	16.1	0.0	9.7	64.5	1706
Total East	**1.5**	**79.7**	**16.9**	**3.4**	**33.9**	**16.9**	**3.4**	**11.9**	**0.0**	**10.2**	**67.8**	**4000**

Table 36: Percent of children under 18 years of age with disabilities, East of Afghanistan, 2000

H. BBC Radio Listenership: "New Home, New Life"

Among various efforts of the international community for Afghanistan's resuscitation from the effects of prolonged conflict, the radio programme "New Home, New Life" broadcast by BBC in local languages is one of the tools, which are aimed to provide helpful information and encouragement for resettlement and rehabilitation to the Afghan families, in addition to educating and raising awareness regarding social and related issues.

As an additional component to MICS2, listenership of BBC's "New Home, New Life" among the Afghan families was thus looked into. Sixty-four percent households in the South-Eastern region and 53 percent households in the Eastern region have a transistor radio in their homes. Among those who have a radio, 67 percent of male adults in the South-Eastern region and 48 percent in the Eastern region listen to "New Home, New Life", followed by female adults: 50 percent in the South-Eastern region and 38 percent in the Eastern region. Overall in the East of Afghanistan the younger males and females also listen to the radio programme but to a lesser extent i.e., 29 percent males and 22 percent females respectively. Likewise 16 percent children in the South-Eastern region and 13 percent children in the Eastern region listen to the BBC radio programmes (Table 37).

Characteristics	Radio in house	New Home, New Life is listened to by						Number of households
		Male adults	Female adults	Male youngsters	Female youngsters	Children	Nobody	
Region								
Central	69.4	67.5	63.1	36.9	30.6	23.1	24.4	160
South-Eastern	64.2	66.7	49.8	28.7	19.0	15.9	30.2	321
Eastern	53.1	48.1	37.6	26.3	20.1	13.0	48.9	399
Total East	**60.1**	**58.4**	**46.7**	**29.1**	**21.6**	**15.9**	**37.6**	**880**

Table 37: Percentage of households listening to the "New Home, New Life", East of Afghanistan, 2000

Appendix A: Sample Design

The sample for the 2000 Afghanistan Multiple Indicator Cluster Survey (MICS2) was designed to provide representative estimates of health, nutrition, water and environmental sanitation, education and children's rights indicators at the national level, for urban and rural areas, and for the following regions: Central, Eastern, North-Eastern, South-Eastern, Western, Southern and Northern.

The sampling scheme was based on the following principles:

1. All 29 provinces (Badakshan, Takhar, Kunduz, Herat, Farah, Badghis, Ghor, Balkh, Samangan, Baghlan, Sari Pul, Jawzjan, Faryab, Bamyan, Ghazni, Paktika, Paktya, Kandahar, Helmund, Zabul, Nimroz, Oruzgan, Kabul, Kapisa, Parwan, Logar, Wardak, Nangarhar, Konar, Laghman) should be represented
2. The number of clusters should be proportional to the size of the provinces and the districts.
3. The clusters should be really representative
4. Given the lack of reliable data at the village level, a multistage sampling scheme was indicated. The selection of the clusters at province and district level was done in Islamabad, while the sampling at the district level was done at the field itself, through gathering of the most recent data of number of villages and village sizes through informed local leaders.
5. We have selected the same number of clusters (= 97 clusters) as the previous MICS, this in order to guarantee maximal comparability, and an optimal geographical coverage.
6. The sampling unit was a household.

SAMPLE SIZE

The total number of sampling units was calculated as follows:

alpha error = 5%
expected prevalence rate of the key variable = 50%
admissible precision = 3%

We used the classical formula:

$$n = 3.84 \times p \times q / c^2$$

$$\{p = 0.50;\ q = (1-p) = 0.50;\ c = 0.03\}$$

Applying this formula we reached a sample size of 1,066. Given that we opted for a cluster sampling scheme, we multiplied it by a factor of 3, to take care of the cluster effect. The resulting size was 3,198. This resulted in 97 clusters of 33 units per cluster; each unit being a household. In order to account for empty houses and eventual refusal to participate (on account of reasons of the husband not being home) we increased the sample size with 20%, reaching thus a sample size of 40 households per cluster, and a total sample size of 3880 households.

SAMPLE DESIGN

The sampling was done in 4 stages:

I. Province

A list was made of all provinces. The population size of each province was obtained from "Estimated Population of Afghanistan 1999 (Based on Highest Population in figure in between of Eighmy and UNIDATA)". Following the principles of the EPI Cluster Sampling Technique, a cumulative listing of the population of all provinces was made. A starting number was randomly selected. A sampling fraction was

determined by dividing the total Afghan population by 97. The number of clusters was distributed proportional to the size of each province. In each province at least 1 cluster was selected. In this selection we include also the Northern areas.

II. District

Once the number of clusters per province was obtained, then for each province a cumulative list of the districts was made. A province specific sampling fraction was determined, and the required number of districts selected by applying the EPI technique. Through this sampling scheme it was possible that more than 1 cluster per district was selected.

III. Village

At the level of the district, a list was made of the villages presently occupied (given the drought and the war several villages were abandoned, therefore the list had to be updated on the spot). An estimate was obtained of the population size of each village. A cumulative list was made of the village population sizes, and the required number of villages was selected through application of the EPI sampling technique.

IV. Households

At the level of the selected village, a distinction was made between small and large village.

- with "small village" we meant a village having only 1 sole central area. There the mosque was used as starting point; randomly a starting axis was selected through spinning of a bottle. In the chosen axis, all houses were enumerated. Randomly a house was selected, through the use of a random number list; and the MICS2 interview was done at that house. The next selected house was the nearest one in centrifugal fashion.

  Following that technique all households were covered till reaching the required 40 household size. If the required 40 households were not reached at the end of the selected axis, then randomly a turn was made (left or right, through the use of a coin) and the next house was selected.

- With a "big village" we mean those with more than 1 hamlet, or with more than 1 village center. A list was made of the various centers/hamlets. An estimate was made of the population size of each hamlet/center, and a "weighted" selection was made of the hamlet/center where the survey had to be carried out.

Appendix B: List of Sample Districts MICS2

Regions	Provinces	Districts
Eastern region	Nangarhar	1. Dorbaba
		2. Chaparhar
		3. Achin
		4. Shorkhrod
		5. Darae Noor
		6. Sherzad
	Konar	7. Dongom
		8. Peche
	Laghman	9. Qarghan
		10. Alishang
South-Eastern region	Ghazni	11. Nawor
		12. Jaghori
		13. Sarbagh
		14. Bahram
	Paktika	15. Wazakhel
	Paktya	16. Sabari
		17. Shawak
		18. Lajmangal
Central region	Logar	19. Mohammad Agha
		20. Puli Alam
	Wardak	21. Chake Wardak
		22. Sayed Abad
	Kabul	23. Kabul-1
		24. Kabul-2
		25. Kabul-2
		26. Kabul-4
		27. Kabul-5
		28. Kabul-6
		29. Kabul-7
		30. Kabul-8
		31. Chardehi
		32. Sarobi
		33. Shakardara
		34. Istalef
	Kapisa	35. Kapisa
		36. Kohistan
		37. Panjsher
	Parwan	38. Charikar
		39. Bagram
		40. Jabal Siraj
		41. Shekh Ali
	Bamyan	42. Yawkowlang
		43. Waras

Regions	Provinces	Districts
Southern region	Kandahar	44. Kandahar
		45. Spin Boldak
		46. Dand
		47. Arghandab
		48. Shah Wali Kot
	Helmund	49. Sahre Saraj
		50. Nauzad
		51. Nadi-Ali
		52. Nawae-Barakzae
	Zabul	53. Shinkai
	Nimroz	54. Charborjak
	Oruzgan	55. Dai Kundi
		56. Shahristan
		57. Gezab
Western region	Herat	58. Herat
		59. Engeel
		60. Gulran
		61. Karokh
	Farah	62. Farah
		63. Farsi
		64. Gulistan
	Badghis	65. Qala Nau
		66. Morghab
		67. Jawand
	Ghor	68. Shahrak
		69. Lal-wa-Sarjangal
Northern region	Balkh	70. Mazar-I-Sharif
		71. Balkh
		72. Dowlatabad
		73. Keshende
	Samangan	74. Samangan
		75. Dara-e-Sauf
	Baghlan	76. Baghlan
		77. Pul-e-Khumri
		78. Doshi
		79. Burka
	Sari Pul	80. Sari Pul
		81. Sang Charak-1
		82. Sang Charak-2
	Jawazjan	83. Balkhab
		84. Faizabad
	Faryab	85. Pashtoon Kot
		86. Belcheragh
		87. Darzab
North-Eastern region	Badakshan	88. Ragh
		89. Jurm
		90. Kesham
	Takhar	91. Talooqan
		92. Rustaq
		93. Eshkamesh
		94. Darqad
	Kunduz	95. Kunduz
		96. Hazrat Imam
		97. Archi

Appendix C: Questionnaires

HOUSEHOLD QUESTIONNAIRE

WE ARE FROM UNICEF AFGHANISTAN. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT ***60*** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME I WOULD LIKE TO SPEAK WITH ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD.
MAY I START NOW? *If permission is given, begin the interview.*

HOUSEHOLD INFORMATION PANEL	
1. Cluster number: ___ ___ ___	2. Household number: ___ ___ ___
3. Day/Month/Year of interview: ___ ___ / ___ ___ / ___ ___ ___ ___	4. Interviewer number: ___ ___ 5. Time start of interview (hour/minutes) ___ ___ . ___ ___ a.m. p.m.
6. Name of the head of the household ______________________	
7. Area: Urban .... 1 Rural 2	8. ***Region:*** Central .... 1 South-Eastern .... 2 Eastern .... 3 North Eastern .... 4 Northern .... 5 Western .... 6 Southern 7
9. Material of dwelling floor: Wood/ planks .... 1 bricks / tiles/ concrete .... 2 Mud/straw .... 3 Lives in a tent .... 4 Lives in a "codeli" .... 5 Other (*Specify*) ______________ 6	10. Number of rooms in dwelling: ___ ___ 11. What is your mother tongue? Dari .... 1 Pushthu .... 2 Uzbeq .... 3 Turkmeni .... 4 Pashaii .... 5 Balochi .... 6 Noristani .... 7 Other (*Specify*) ______________ 8

Cluster no.___ ___ ___ **Household no.** ___ ___ ___

12.. Is there a radio in the house?

Yes 1

No 2

13. In this household who is listening to **"New Home, New Life"**?
Male adults..1
Female adults 2
Male youngsters 3
Female youngsters 4
Children 5
Nobody 6

DK..9

Complete Questions 14-19 after you finished the interview.

14. Result of HH interview: Completed ....1 Refused ....2 Not at home ....3 HH not found....................4 HH destroyed ....5 Other (*specify*) ________________6	15. Time end of interview (hour/minutes) ___ ___. ___ ___ a.m. p.m.
16. No. of women eligible for interview: ___ ___	17. No. of women interviews completed: ___ ___
18. No. of children under age 5: ___ ___	19. No. of child interviews completed: ___ ___
20 a. Date checked by supervisor: ___ ___/___ ___/___	21.a. Date data entered ___ ___/___ ___/_
b. Supervisor number ___ ___	b. Data entry clerk number ___ ___

Interviewer/supervisor notes: *Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.*

HOUSEHOLD LISTING FORM

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HH.
(Use survey definition of HH member). List the first name in line 01. List adult HH members first, then list children. Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). *If yes, complete listing. Then, ask and record answers to questions as described in Instructions for Interviewers.*
Add a continuation sheet if there is not enough room on this page. Tick here if continuation sheet used ☐

				Eligible for: WOMEN'S MODULES	CHILD LABOUR MODULE	CHILD HEALTH MODULES	*For persons age **15 or over***	*For persons age **12 and over***	*For children **under age 15 years** ask Qs. 10-13*			
1. *Line no.*	2. *Name*	3. IS (*name*) MALE OR FEMALE? 1 MALE 2 FEM.	4. HOW OLD IS (*name*)? HOW OLD WAS (*name*) ON HIS/HER LAST BIRTHDAY? *Record in completed years* 99=DK*	5. *Write Line no. if woman is married and less than 50 years*	6. *For each child **age 5-14**:* WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? *Record Line no. of mother/caretaker*	7. *For each child **under 5**:* WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? *Record Line no. of mother/caretaker*	8. CAN HE/SHE READ A LETTER OR NEWSPAPER EASILY, WITH DIFFICULTY OR NOT AT ALL? 1 EASILY 2 DIFFICULT 3 NOT AT ALL 9 DK	9. WHAT IS THE MARITAL STATUS OF (*name*)?** 1 CURRENTLY MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	10. IS (*name's*) NATURAL MOTHER ALIVE? 1 YES 2 NO 9 DK	11. *If alive:* DOES (*name's*) NATURAL MOTHER LIVE IN THIS HOUSE-HOLD? 1 YES 2 NO	12. IS (*name's*) NATURAL FATHER ALIVE? 1 YES 2 NO 9 DK	13. *If alive:* DOES (*name's*) NATURAL FATHER LIVE IN THIS HOUSE-HOLD? 1 YES 2 NO
LINE	NAME	M F	AGE	12-49	MOTHER	MOTHER	E D N DK	M W D S N	Y N DK	Y N	Y N DK	Y N
01		1 2	___ ___		___ ___	___ ___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
02		1 2	___ ___		___ ___	___ ___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
03		1 2	___ ___		___ ___	___ ___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
04		1 2	___ ___		___ ___	___ ___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
05		1 2	___ ___		___ ___	___ ___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
06		1 2	___ ___		___ ___	___ ___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
07		1 2	___ ___		___ ___	___ ___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2

ARE THERE ANY OTHER CHILDREN LIVING HERE – EVEN IF THEY ARE NOT MEMBERS OF YOUR FAMILY OR DO NOT HAVE PARENTS LIVING IN THIS HOUSEHOLD? INCLUDING CHILDREN AT WORK OR AT SCHOOL? *If yes, insert child's name and complete form.*

* *See instructions: to be used only for elderly household members (code meaning "do not know/over age 50").*

Cluster no. __ __ __ Household no. __ __ __

EDUCATION MODULE 1B

FOR INTERVIEWS DURING THE SCHOOL YEAR

*For all persons (**children and adults**) 5 or over ask Qs 15-16*

*For children **age 5 through 17 years**, continue on asking Qs 17-22*

14. *Line no.*	15. HAS (*name*) EVER ATTENDED SCHOOL? 1 YES ⇨ Q.16 2 NO ⇨ NEXT LINE	16. WHAT IS THE HIGHEST LEVEL OF SCHOOL (*name*) ATTENDED? WHAT IS THE HIGHEST GRADE (*name*) COMPLETED AT THIS LEVEL? LEVEL: 1 PRIMARY 2 SECONDARY 3 HIGHER 4 MADRASSA 5 NON-STANDARD CURRICULUM 9 DK GRADE: 99 DK *If less than 1 grade, enter 00.*		17. IS (*name*) CURRENTLY ATTENDING SCHOOL? 1 YES⇨ Q. 19 2 NO		18. DURING THE CURRENT SCHOOL YEAR, DID (*name*) ATTEND SCHOOL AT ANY TIME? 1 YES 2 NO ⇨ Q.21		19. SINCE LAST (*day of the week*), HOW MANY DAYS DID (*name*) ATTEND SCHOOL? *Insert number of days in space below.* DK 99	20. WHICH LEVEL AND GRADE IS/WAS (*name*) ATTENDING? LEVEL: 1 PRESCHOOL 2 PRIMARY 3 SECONDARY 4 MADRASSA 5 NON-STANDARD CURRICULUM 9 DK GRADE: DK 99 GO TO ⇘NEXT LINE		21. DID (*name*) ATTEND SCHOOL LAST YEAR? 1 YES 2 NO ⇘ NEXT LINE 9 DK ⇘ NEXT LINE			22. WHICH LEVEL AND GRADE DID (*name*) ATTEND LAST SCHOOL YEAR? LEVEL: 1 PRESCHOOL 2 PRIMARY 3 SECONDAY 4 MADRASSA 5 NON-STANDARD CURRICULUM 9 DK GRADE DK 99	
LINE	Y NO	LEVEL	GRADE	YES	NO	YES	NO	DAYS	LEVEL	GRADE	Y	NO	DK	LEVEL	GRADE
	1 2⇨ NEXT LINE	1 2 3 4 9	__ __	1	2	1	2	____	1 2 3 4 9	__ __	1	2	9	1 2 3 4 9	__ __
	1 2⇨ NEXT LINE	1 2 3 4 9	__ __	1	2	1	2	____	1 2 3 4 9	__ __	1	2	9	1 2 3 4 9	__ __
	1 2⇨ NEXT LINE	1 2 3 4 9	__ __	1	2	1	2	____	1 2 3 4 9	__ __	1	2	9	1 2 3 4 9	__ __
	1 2⇨ NEXT LINE	1 2 3 4 9	__ __	1	2	1	2	____	1 2 3 4 9	__ __	1	2	9	1 2 3 4 9	__ __
	1 2⇨ NEXT LINE	1 2 3 4 9	__ __	1	2	1	2	____	1 2 3 4 9	__ __	1	2	9	1 2 3 4 9	__ __
	1 2⇨ NEXT LINE	1 2 3 4 9	__ __	1	2	1	2	____	1 2 3 4 9	__ __	1	2	9	1 2 3 4 9	__ __
	1 2⇨ NEXT LINE	1 2 3 4 9	__ __	1	2	1	2	____	1 2 3 4 9	__ __	1	2	9	1 2 3 4 9	__ __

*Now for each child **age 5 through 17 years**, continue on asking Qs23-28*

Fieldwork and Processing

The training of Field Team was carried out from 17 – 28 April 2000 in Peshawar. The core team members (Epidemiologist, Technical Adviser, Project Manager, Project Team Leader and Female Survey Team Coordinator) developed the training material for a 10 days training of all enumerators, unit supervisors, logistic coordinators and female survey team coordinators in Pashto and Dari.

The trainers were the Project Team Leader, Deputy Project Team Leader, Female Survey Team Coordinator and Technical Adviser. The training stressed on familiarizing the enumerators and unit supervisors with the questionnaire and skill development of conducting interviews on the basis of the questionnaires.

At the end of the training a Pilot Test was carried out in Afghan Refugee Camps in Peshawar area. The pilot testing was conducted in households equivalent to one cluster i.e., 33 households. This activity, in addition to the training already imparted, proved valuable in alerting the team members and leaders regarding the real-life situation in Afghanistan including access issues and liaison to seek approval to conduct a household survey, in addition to practically conduct the interview itself.

Fourteen enumerator couples collected the data: one female and one male, although for MICS questions it is evident that the survey can and should be conducted by females alone. However, constructing the teams with one female and one male was absolutely necessary with the pre-requisite that both the members should either be wedded or should be blood relations i.e., brother and sister, mother and son or father and daughter – the husband or the male blood relation of a woman is called *Mehram*. This was necessary because in Afghanistan no woman is allowed to travel alone without a *mehram.*

The fourteen enumerator couples were organized into four units of three and four couples i.e., Unit A comprised 4 couples, Unit B comprised 3 couples, Unit C comprised 4 couples and Unit D comprised 3 couples. Each Unit was headed by a Unit Supervisor and all Unit Supervisors reported to the Project Team Leader, assisted by a Female Survey Team Coordinator and a Deputy Project Team Leader. The Technical Adviser provided training, advice and supervision on the survey and qualitative aspects of the study. The Epidemiologist ensured the technical validity and representativeness of the entire study. The overall management, co-ordination and reporting of the MICS2 was done by the Project Manager. The fieldwork began in June 2000 and was concluded in August 2000.

Data were brought to ICONS office at GTZ-SHAIP/Health Services Academy, Islamabad and entered on ten microcomputers using the EpiInfo software. In order to ensure quality control, all questionnaires were independently double entered and internal consistency checks were performed. Procedures and standard programs developed under MICS2 and adapted to the Afghanistan questionnaire were used throughout. The analysis of the data was carried out in SAS and SPSS. Data processing started concurrently with the fieldwork i.e., in June 2000 and finished in October 2000.

III. Sample Characteristics and Data Quality

Response Rates

Of the 3198 households selected for the Afghanistan MICS sample, survey was carried out to cover 880 households in 22 clusters, out of which 879 were interviewed with a household response rate of 100 percent (Table 1). Sampling with replacement was adopted leading to high response rates (for a non-respondent household, another household was selected from the same cluster).

Cluster no. __ __ __ **Household no.** __ __ __

EDUCATION MODULE 2

Now for each child ***age 5 through 17 years****, continue on asking Qs24-28*

23. *Line no.*	24. Is *(name)* currently attend ing school? 1 Yes 2 No ⇨ Q.28 9 DK ⇨ next line	25. For each child that attends school ask : Which type of school is *(name)* attending? Type 1 Mosque 2 Madrassa 3 Government 4 NGO/Agency 5 Private/ Home school 6 Other (*specify*) ________ ________ 9 DK	26. For each child that currently attends school ask: Do you intend to send *(name)* for further education ? 1 Yes ⇘ next line 2 No 9 DK	27. If you do not intend to send *(name)* for further education could you explain why? 1 Schooling too expensive 2 School too far 3 No adequate school available 4 Schooling not necessary 5 No separate school for boys/girls 6 Has to help in the Household /home/fields 7 Has to support the household 8 Child is sick/disabled… 9 Has sufficient schooling 10 Other (specify) ________ ________ *Circle* ***all*** *reasons given by the caretaker.* 99 DK	28. For each child that is currently **not attending** school ask: Could you explain why *(name)* does not attend any school at the moment? 1 Schooling too expensive 2 School too far 3 No adequate school available 4 Schooling not necessary 5 No separate school for boys/girls 6 Has to help in the household/home/fields 7 Has to support the household 8 Child is sick/disabled… 9 Has sufficient schooling 10 Other (specify) ________ ________ *Circle* ***all*** *reasons given by the caretaker.* 99 DK
Line	Y N DK	Type of school	Y N DK	Reason (s)	Reason(s)
	1 2 9	1 2 3 4 5 6 9	1 2 9	1 2 3 4 5 6 7 8 9 10 99	1 2 3 4 5 6 7 8 9 10 99
	1 2 9	1 2 3 4 5 6 9	1 2 9	1 2 3 4 5 6 7 8 9 10 99	1 2 3 4 5 6 7 8 9 10 99
	1 2 9	1 2 3 4 5 6 9	1 2 9	1 2 3 4 5 6 7 8 9 10 99	1 2 3 4 5 6 7 8 9 10 99
	1 2 9	1 2 3 4 5 6 9	1 2 9	1 2 3 4 5 6 7 8 9 10 99	1 2 3 4 5 6 7 8 9 10 99
	1 2 9	1 2 3 4 5 6 9	1 2 9	1 2 3 4 5 6 7 8 9 10 99	1 2 3 4 5 6 7 8 9 10 99
	1 2 9	1 2 3 4 5 6 9	1 2 9	1 2 3 4 5 6 7 8 9 10 99	1 2 3 4 5 6 7 8 9 10 99
	1 2 9	1 2 3 4 5 6 9	1 2 9	1 2 3 4 5 6 7 8 9 10 99	1 2 3 4 5 6 7 8 9 10 99

GO TO CHILD LABOUR MODULE

Cluster no. __ __ __ **Household no.** __ __ __

CHILD LABOUR MODULE

To be administered to caretaker of each child resident in the household age 5 through 14 years. Copy line number of each eligible child from household listing.

NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.

1. *Line no.*	2. *Name*	3. DURING THE PAST WEEK, DID (*name*) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? *If yes:* 1 FOR PAY (CASH OR KIND) 2 UNPAID *IF NO:* DID HE/SHE WORK IN THE STREETS? 3 YES 4 NO WORK AT ALL ⇨TO Q.5				4. SINCE LAST (*day of the week*), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK *Include all hours at all jobs, including working in the streets.* *Record response then* ⇨ *Q.6*	5. AT ANY TIME DURING THE PAST YEAR, DID (*name*) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? *If yes:* 1 FOR PAY (CASH OR KIND) 2 UNPAID *IF NO:* DID HE/SHE WORK IN THE STREETS? 3 YES 4 NO WORK AT ALL				6. DURING THE PAST WEEK, DID (*name*) HELP WITH HOUSEKEEPING CHORES SUCH AS COOKING, SHOPPING, CLEANING, WASHING CLOTHES, FETCHING WATER, OR CARING FOR CHILDREN? 1 YES 2 NO ⇨ TO Q.8		7. *If yes:* SINCE LAST (*day of the week*), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	8. DURING THE PAST WEEK, DID (*name*) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS)? 1 YES 2 NO ⇨ NEXT LINE		9. *If yes:* SINCE LAST (*day of the week*), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?
LINE NO.	NAME	PAI	UNP	STR	NO	NO. HOURS	PAI	UNP	STR	NO	YES	NO	NO. HOURS	YES	NO	NO. HOURS
__ __		1	2	3	4	__ __	1	2	3	4	1	2	__ __	1	2	__ __
__ __		1	2	3	4	__ __	1	2	3	4	1	2	__ __	1	2	__ __
__ __		1	2	3	4	__ __	1	2	3	4	1	2	__ __	1	2	__ __
__ __		1	2	3	4	__ __	1	2	3	4	1	2	__ __	1	2	__ __
__ __		1	2	3	4	__ __	1	2	3	4	1	2	__ __	1	2	__ __
__ __		1	2	3	4	__ __	1	2	3	4	1	2	__ __	1	2	__ __
__ __		1	2	3	4	__ __	1	2	3	4	1	2	__ __	1	2	__ __

When all children in the age range have been covered, GO TO SPECIAL CHILDREN MODULE ⇨

SPECIAL CHILDREN MODULE

Cluster no. __ __ __ Household no. __ __ __

To be administered to caretaker of each disabled child resident in the household age 0 through 17 years. Copy line number of each disabled child from household listing.

I would like to ask you if any of the children in this household upto 17 years old (*read their names*) has any of the health conditions I am going to mention to you:

1 HAS ANY PROBLEM WITH SITTING, STANDING, WALKING, MOVING THE ARMS
2 HAS A PROBLEM WITH SEEING
3 IS MISSING ONE OR MORE LIMBS
4 HAS A PROBLEM WITH HEARING
5 HAS A PROBLEM WITH SPEAKING
6 COMPARED TO OTHER CHILDREN OF THE SAME AGE DOES ANY CHILD APPEAR BACKWARD, DULL OR SLOW
7 HAS PROBLEMS WITH LEARNING AS A NORMAL CHILD

⇨***If yes to any of the items 1-5 the child has a physical disability***

⇨***If yes to items 6 or 7 the child has a mental disability***

1 YES TO ANY OF THE ABOVE QUESTIONS ⇨TO Q.1   2 NO ⇨TO NEXT MODULE AND DRAW A LINE THROUGH THIS MODULE

1. LINE NO	2. *Name* PLEASE GIVE THE NAME OF ANY DISABLED CHILD UNDER YOUR CARE?	3. WHAT KIND OF DISABILITY DOES THE CHILD HAVE? 1 PHYSICAL ⇨TO Q4 2 MENTAL⇨GO TO Q5 3 MENTAL & PHYSICAL ⇨TO Q4	4. *If :* PHYSICAL DISABILITY INDICATE WHICH DISABILITY 1 EYESIGHT 2 HEARING 3 SPEAKING 4 MOTORIC 5 MISSING LIMB 6 OTHER *(specify)* ______ 9 DK	5 WHAT IS THE CAUSE OF *(name)*'s DISABILITY (PROBLEM)? 1 BIRTH DEFFECT 2 DISEASE(OTHER THAN POLIO) 3 ACCIDENT (OTHER THAN WAR) 4 MINES 5 ACCIDENT DUE TO WAR 6 POLIO 7 OTHER *(specify)* ______ 9 DK	6. DID *(name)* RECEIVE AT ANY TIME SPECIAL CARE OR TREATMENT FOR ITS DISABILITY? 1 YES 2 NO ⇨TO NEXT LINE 9 DK ⇨TO NEXT LINE			7. *If yes* WHAT CARE DID THE DISABLED CHILD RECEIVED? 1 MOBILITY TRAINING 2 BRAILLE TRAINING 3 EYE GLASSES 4 HEARING AID 5 SIGN LANGUAGE TRAINING 6 PHYSIOTHERAPY 7 ATRIFICIAL LIMBS 8 SPECIAL DOCTOR 9 VOCATIONAL SKILL TRAINING 10 LOAN (MICRO CREDIT) 11 OTHER ______ 99 DK
LINE NO.	NAME	DISABILITY	PHYSICAL DISABILITY	CAUSE	SPECIAL CARE			KIND OF SPECIAL CARE
					YES	NO	DK	
__ __		1 2 3	1 2 3 4 5 6 9	1 2 3 4 5 6 7 9	1	2	9	1 2 3 4 5 6 7 8 9 10 11 99
__ __		1 2 3	1 2 3 4 5 6 9	1 2 3 4 5 6 7 9	1	2	9	1 2 3 4 5 6 7 8 9 10 11 99
__ __		1 2 3	1 2 3 4 5 6 9	1 2 3 4 5 6 7 9	1	2	9	1 2 3 4 5 6 7 8 9 10 11 99
__ __		1 2 3	1 2 3 4 5 6 9	1 2 3 4 5 6 7 9	1	2	9	1 2 3 4 5 6 7 8 9 10 11 99
__ __		1 2 3	1 2 3 4 5 6 9	1 2 3 4 5 6 7 9	1	2	9	1 2 3 4 5 6 7 8 9 10 11 99

GO TO WATER AND SANITATION MODULE ⇨

Cluster no. __ __ __ Household no. __ __ __

WATER AND SANITATION MODULE

This module is to be administered once for each household visited.
Record only one response for each question.
If more than one response is given, record the most usual source or facility.

1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped into dwelling .... 01 Piped into yard or plot .... 02 Public tap .... 03 Tubewell/ borehole with pump .... 04 Protected dug well .... 05 Protected spring .... 06 Rainwater collection .... 07 Bottled water .... 08 Unprotected dug well .... 09 Unprotected spring .... 10 Pond, river, canal or stream .... 11 Tanker-truck, vendor .... 12 Other (*specify*) ____________ 13 No answer or DK 99	
2. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes .... __ __ __ Water on premises .... 888 DK 999	
3. WHAT KIND OF TOILET FACILITY DO THE MALES IN YOUR HOUSEHOLD USE?	Flush to sewage system or septic tank .... 1 Pour flush latrine (water seal type) .... 2 Improved pit latrine (e.g., VIP) .... 3 Deran .... 4 Open pit .... 5 Traditional pit latrine .... 6 Bucket .... 7 No facilities or bush or field .... 8 Other (*specify*) 9	
4. WHAT KINDS OF TOILET FACILITY DO THE FEMALES IN YOUR HOUSEHOLD USE? *OR ASK* WHAT IS THE TOILET FACILITY FOR THE OTHER PERSONS IN THE HOUSEHOLD?	Flush to sewage system or septic tank .... 1 Pour flush latrine (water seal type) .... 2 Improved pit latrine (e.g., VIP) .... 3 Deran .... 4 Open pit .... 5 Traditional pit latrine .... 6 Bucket .... 7 No facilities or bush or field .... 8 Other (*specify*) 9	
5. IS THIS TOILET FACILITY LOCATED WITHIN YOUR DWELLING, OR YARD OR COMPOUND?	Yes, in dwelling/yard/compound .... 1 No, outside dwelling/yard/compound .... 2 DK 9	2⇨Q.7

CLUSTER NO. __ __ __ HOUSEHOLD NO. __ __ __

6. IF THE WATER SOURCE IS ALSO IN THE DWELLING HOW MANY STEPS IS IT APART FROM THE TOILET FACILITY? *Measure yourself the distance.*	No of steps ....__ __ __ Water source outside or piped water 88	
7. WHAT HAPPENS WITH THE STOOLS OF YOUNG CHILDREN (0-3 YEARS) WHEN THEY DO NOT USE THE LATRINE OR TOILET FACILITY?	Children always use toilet or latrine .... 1 Thrown into toilet or latrine.......................... 2 Thrown outside the yard .... 3 Buried in the yard .... 4 Not disposed of or left on the ground.......... 5 Other (*specify*) ________________________ 6 No young children in household.................. 8	

GO TO NEXT MODULE ⇨

Cluster no. __ __ __ Household no. __ __ __

SALT IODIZATION MODULE		
1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT? *Once you have examined the salt, circle number that corresponds to test outcome.* ***Categories correspond to test kit recommended by UNICEF to be used in all MICS surveys.***	Not iodized 0 PPM (no color)...................... 1 Less than 15 PPM (weak color).................. 2 15 PPM or more (strong color) .... 3 No salt in home .... 8 Salt not tested 9	

GO TO WOMEN'S QUESTIONNAIRE ⇨

Cluster no. __ __ __ Household no. __ __ __ Woman line no. __ __

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

WOMEN'S INFORMATION PANEL		
This module is to be administered to all ever-married women up to 49 years of age (see column 5 of HH listing). Fill in one form for each eligible woman.		
1. Woman's line number (from HH listing).	Line number .... __ __	
2. Woman's name. (From HH listing).	Name ______________________________	
3A. IN WHAT MONTH AND YEAR WERE YOU BORN? *Or:* 3B. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Date of birth Month/Year .... __ __ / __ __ __ __ DK date of birth .... 999999 *Or:* Age (in completed years)..................... __ __	 DK⇨3B
4. SINCE HOW LONG IS YOUR FAMILY LIVING IN THE AREA (IN YEARS)? *IF MORE THAN 5 YEARS ⇨Q 6* YEARS __ __ DK ....99 ⇨ Q. 6		
5. IF YOU DO NOT LIVE HERE SINCE A LONG TIME WHAT WAS THE REASON? You were forced to move from your own place due to the war? .... 1 displaced You returned recently to Afghanistan? .... 2 returnee Other reason (specify) ________________________ 3		
6. IS YOUR HUSBAND CURRENTLY LIVING HERE WITH YOU? Yes ....1 Not applicable (widow/separated/divorced) ....8 No 2		

GO TO NEXT MODULE ⇨

Cluster no. __ __ __ Household no. __ __ __ Woman line no. __ __

FERTILITY AND CHILD MORTALITY MODULE

This module is to be administered to all ever-married women up to 49 years old.
All questions refer only to LIVE births.
Follow instructions as provided in training. See Instructions for Interviewers.

1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH? *If "NO" probe by asking:* I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?	Yes .... 1 No 2	2⇨ CHILD SPACING MODULE
2A. WHAT WAS THE DATE OF YOUR FIRST BIRTH? I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR IS THE CHILD OF A MAN OTHER THAN YOUR CURRENT HUSBAND. *Or:* 2B. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?	Date of first birth Day/Month/Year ..... __ __/__ __/__ __ __ __ DK date of first birth .... 99999999 *Or:* Completed years since first birth .... __ __	DK⇨2B
3. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes .... 1 No 2	2⇨Q.5
4. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU?	Sons at home .... __ __ Daughters at home .... __ __	
5. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes .... 1 No 2	2⇨Q.7
6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?	Sons elsewhere .... __ __ Daughters elsewhere .... __ __	
7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?	Yes .... 1 No 2	2⇨Q.9
8. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED?	Boys dead .... __ __ Girls dead .... __ __	
9. Sum answers to Q. 4, 6, and 8.	Sum .... __ __	

10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (*total number*) BIRTHS DURING YOUR LIFE. IS THIS CORRECT?

☐ Yes ⇨ *Go to Q.11*
☐ No ⇨ *Check responses and make corrections before proceeding to Q.11*

Cluster no. __ __ __ Household no. __ __ __ Woman line no. __ __

LAST THREE PREGNANCIES MODULE (INFANT AND UNDER FIVE MORTALITY)

Ask now about the woman's last three pregnancies:
NOW I WOULD LIKE TO RECORD SOME INFORMATION ABOUT YOUR MOST RECENT PREGNANCIES. WAS THE OUTCOME OF YOUR LAST PREGNANCY A LIVE BIRTH, A STILLBIRTH OR A MISCARRIAGE?
Make sure the woman understands that a live birth is any child who breathed or cried after birth, even if he/she lived only a short time.

11. BIRTH RANK	12. PREGNANCY OUTCOME 1 LIVE BIRTH ⇨Q.13 2 STILLBIRTH ⇨ NEXT LINE 3 MISCARRIAGE/ ABORTION ⇨ NEXT LINE 9 DK ⇨ NEXT LINE	FOR LIVE BIRTHS ONLY 13 CHILD'S SEX 1 MALE 2 FEMALE 9 DK	14 DATE OF BIRTH (DD/MM/YY) 99 IF DAYS IS UNKNOWN *Use calendar if necessary!*	15 STILL ALIVE? 1 YES 2 NO ⇨Q.16	16 Age at death (months) *00 for less than 1 month* DK 999
LAST BORN	1 2 3 9	1 2 9	__ __/__ __/__ __ __ __	1 2	__ __ __
SECOND-LAST	1 2 3 9	1 2 9	__ __/__ __/__ __ __ __	1 2	__ __ __
THIRD-LAST	1 2 3 9	1 2 9	__ __/__ __/__ __ __ __	1 2	__ __ __

*Did the woman's last birth occur within the last year, that is, since (**may 1 or June 1 or July 1 or August 1 1999**). Circle the correct month according to the month of interview.*

☐ *Yes, live birth in last year.* ⇨ *GO TO TETANUS TOXOID MODULE*

☐ *No live birth in last year.* ⇨ *GO TO CHILD SPACING MODULE*

Use the following extra rows in case the woman delivered once or twice of twins. Follows the same instructions as above.

11. BIRTH RANK	12. PREGNANCY OUTCOME 1 LIVE BIRTH ⇨Q.13 2 STILLBIRTH ⇨ NEXT LINE 3 MISCARRIAGE/ ABORTION ⇨ NEXT LINE 9 DK ⇨ NEXT LINE	FOR LIVE BIRTHS ONLY 13 CHILD'S SEX 1 MALE 2 FEMALE 9 DK	14 DATE OF BIRTH (DD/MM/YY) 99 IF DAY IS UNKNOWN *Use calendar if necessary!*	15 STILL ALIVE? 1 YES 2 NO ⇨Q.16	16 Age at death (months) *00 for less than 1 month* DK 999
TWIN 1	1 2 3 9	1 2 9	__ __/__ __/__ __ __ __	1 2	__ __ __
TWIN 2	1 2 3 9	1 2 9	__ __/__ __/__ __ __ __	1 2	__ __ __
TWIN 3	1 2 3 9	1 2 9	__ __/__ __/__ __ __ __	1 2	__ __ __

Clus... **no.** ___ ___ ___ **Household no.** ___ ___ ___ **Woman line no.** ___ ___

TETANUS TOXOID (TT) MODULE

This module is to be administered to all women with a live birth in the year preceding date of interview.

1. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? *If a card is presented, use it to assist with answers to the following questions.*	Yes (card seen) .... 1 Yes (card not seen) .... 2 No .... 3 DK 9	
2. WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU RECEIVE ANY INJECTION TO PREVENT HIM OR HER FROM GETTING CONVULSIONS AFTER BIRTH (AN ANTI-TETANUS SHOT, AN INJECTION AT THE TOP OF THE ARM OR SHOULDER)?	Yes .... 1 No .... 2 DK 9	 2⇨Q.4 9⇨Q.4
3. *If yes:* HOW MANY DOSES OF TETANUS TOXOID (ANTI-TETANUS INJECTIONS) DID YOU RECEIVE DURING YOUR LAST PREGNANCY?	No. of doses .... ___ ___ DK 99	
How many TT doses were reported during last pregnancy in Q.3? ☐ *At least two TT injections during last pregnancy.* ⇨ *GO TO MATERNAL AND NEWBORN HEALTH MODULE* ☐ *Fewer than two TT injections during last pregnancy.* ⇨ *CONTINUE WITH Q.4*		
4. DID YOU RECEIVE ANY TETANUS TOXOID INJECTION (*additional probes*) AT ANY TIME BEFORE YOUR LAST PREGNANCY, INCLUDING DURING A PREVIOUS PREGNANCY OR BETWEEN PREGNANCIES?	Yes .... 1 No .... 2 DK 9	 2⇨Q.7 9⇨Q.7
5. *If yes:* HOW MANY DOSES DID YOU RECEIVE?	No. of doses .... ___ ___	
6A. WHEN WAS THE LAST DOSE RECEIVED? *Or:* 6B. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST DOSE?	Date of last dose Month/Year .... ___ ___/___ ___ ___ ___ DK date .... 999999 *Or:* Years ago .... ___ ___	 DK⇨6B
7. Add responses to Q.3 and Q.5 to obtain total number of doses in lifetime.	Total no. of doses .... ___ ___ DK 99	

GO TO MATERNAL AND NEWBORN HEALTH MODULE ⇨

Cluster no. __ __ __ Household no. __ __ __ Woman line no. __ __

MATERNAL AND NEWBORN HEALTH MODULE

This module is to be administered to all women with a live birth in the year preceding date of interview.

1. DID YOU SEE ANYONE FOR PRENATAL CARE FOR THIS PREGNANCY? *If yes*: WHOM DID YOU SEE? ANYONE ELSE? *Probe for the type of person seen and circle all answers given.*	Health professional: Doctor .... 1 Nurse/midwife .... 2 Auxiliary midwife .... 3 Other person: Traditional birth attendant .... 4 Other (*specify*)________ 5 No one 0	
2. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (*or name*)? ANYONE ELSE? *Probe for the type of person assisting and circle all answers given.*	Health professional: Doctor .... 1 Nurse/midwife .... 2 Auxiliary midwife .... 3 Other person: Traditional birth attendant .... 4 Relative/friend .... 5 Other (*specify*)________ 6 No one 0	

GO TO NEXT MODULE ⇨

Characteristics		Total (Rural only)
Number of households		
	Sampled	880
	Interviewed	879
	Not at home	1
	Response Rate (%)	100.0
Number of Women		
	Total number of Women (12-49 years)	1612
	Ever married women 12-49 years	1018
	Ever married women 15-49 years	1016
	Ever married women 12-14 years	2
	Interviewed: Ever married 12-49 years	1011
	Response Rate: Ever married 12-49 years (%)	99.3
Number of children < 5 years of age		
	Children < 5 years	1167
	Interviewed	1158
	Response Rate (%)	99.2

Table 1: Number of households, women and response rates, East of Afghanistan, 2000

In the interviewed households, 1018 eligible women aged 12-49 were identified. Of these, 1011 were successfully interviewed, yielding a response rate of 99 percent. In addition, 1167 children under age five were listed in the household questionnaire. Of these, questionnaires were completed for 1158 children for a response rate of 99 percent.

Age Distribution and Missing Data

As shown in Figure 1 and Table 2, the single-year age distribution of household members by sex shows, for both sexes, serious digit preference evident for ages ending in 0 and 5, a pattern typical of populations in which ages are not always known exactly.

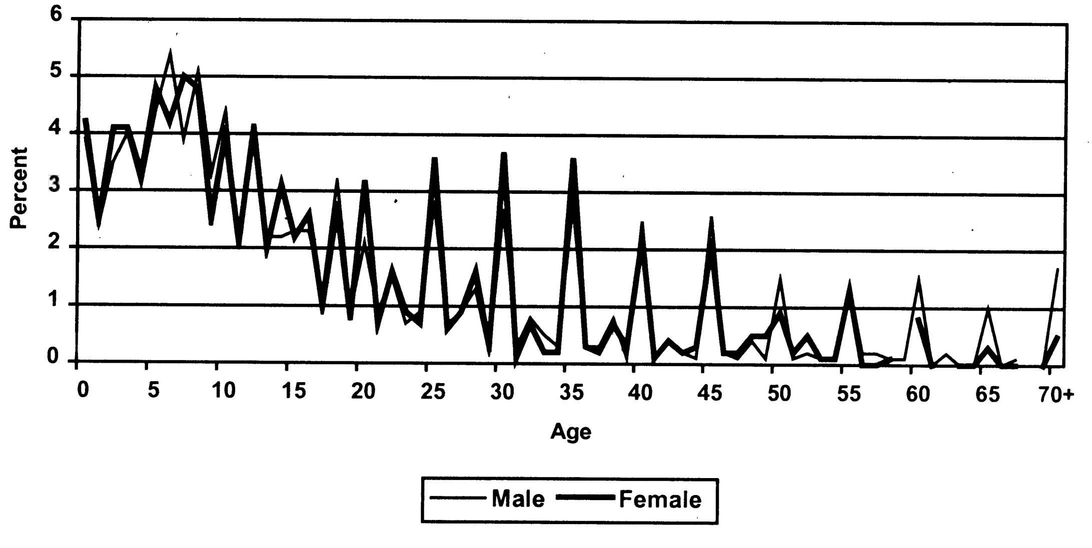


Figure 1: Single year age distribution of the household population by sex, East of Afghanistan, 2000

Cluster no. __ __ __ Household no. __ __ __ Woman line no. __ __

CHILD SPACING MODULE

Ask Q.1 for all married women up to 49 years old and then follow the skip instruction carefully. Questions on pregnancy and contraception are to be asked only of women who are currently married.

1. ARE YOU CURRENTLY MARRIED?	Yes .... 1 No, widowed, divorced, separated 2	 2⇨NEXT MODULE
2. NOW I AM GOING TO CHANGE TOPICS. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH. I KNOW THIS IS A DIFFICULT SUBJECT TO TALK ABOUT, BUT IT IS IMPORTANT THAT WE OBTAIN THIS INFORMATION. OF COURSE, ALL THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. YOU WILL NEVER BE IDENTIFIED WITH THE ANSWERS TO THESE QUESTIONS. ARE YOU PREGNANT NOW?	Yes, currently pregnant .... 1 No .... 2 Unsure or DK 9	1⇨NEXT MODULE
3a. SOME COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes .... 1 No 2	1⇨Q. 4 2⇨Q.3b
3b. HAVE YOU RESUMED YOUR MONTHLY PERIOD?	Yes .... 1 No 2	⇨NEXT MODULE ⇨NEXT MODULE
4. WHICH METHOD ARE YOU USING? *Do not help in answering.* *Compare with the list and write the corresponding method in the given space.* *If more than one method is mentioned, write specify each method.*	Method __________ Method __________ Method __________	

GO TO NEXT MODULE ⇨

Cluster no. __ __ __ Household no. __ __ __ Woman line no. __ __

HEMOGLOBIN TESTING OF WOMEN

Carry out Hemoglobin test on each woman up to 49 years old.
Ask permission and explain the procedure to the woman.
Sterilize the finger from where blood sample is to be taken.
Pierce the earlobe and blot a drop of whole blood from the finger on the paper strip from Hb testing kit.
Provide a swab of cotton to the woman to press on the finger to control bleeding.
Allow the drop of blood to soak fully on the paper strip and compare the color with the various color options in the kit scale.
Note the percentage of Hb with color closest with the blood spot on the strip of paper.

Now I would like to take a small drop of blood to test, if you do not have a problem of Anemia. *The test involves only a small prick in the finger and does not hurt.*	Result of the test Hb.. __ __ % Test Refused.....................................777 Unable to carry out test........................888	

If there is another woman in the house who is eligible for interview.

If yes ⇨ go to next woman
If no ⇨ go to the questionnaire for children under five.

Cluster no. __ __ __ Household no. __ __ __ Caretaker line no. __ __ Child line no. __ __

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

This questionnaire is to be administered to all women who care for a child that lives with them and is under the age of 5 years (see Q.4 of the HH listing).
A separate form should be used for each eligible child.
Questions should be administered to the mother or caretaker of the eligible child (see Q.7 of the HH listing).
Fill in the line number of each child, the line number of the child's mother or caretaker, and the household and cluster numbers in the space at the top of each page.

BIRTH REGISTRATION		
1. Child's name.	Name____________________	
2. Child's age (copy from Q.4 of HH listing).	Age (in completed years) .... __ __	
3. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF EACH CHILD UNDER THE AGE OF 5 IN YOUR CARE, WHO LIVES WITH YOU NOW. NOW I WANT TO ASK YOU ABOUT (*name*). IN WHAT MONTH AND YEAR WAS (*name*) BORN? *Probe*: WHAT IS HIS/HER BIRTHDAY? *If the mother knows the exact birth date, also enter the day; otherwise, enter 99 for day.*	Date of birth Day/Month/Year ..... __ __/__ __/__ __ __ __	
4. DOES (*name*) HAVE A BIRTH CERTIFICATE? MAY I SEE IT? *If certificate is presented, verify reported birth date.* *If no birth certificate is presented, try to verify date using another document (health card, calendar...).*	*Correct stated age, if necessary.* Yes, seen .... 1 Yes, not seen .... 2 No.. 3 DK 9	

GO TO NEXT MODULE ⇨

Cluster no. __ __ __ Household no. __ __ __ Caretaker line no. __ __ Child line no. __ __

VITAMIN A MODULE

This module inquires about prevention of night blindness.

1. HAS (*name*) EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE? *Show capsule or dispenser.*	Yes....1 No....2 DK....9	2⇨NIGHT BLINDNESS MODULE 9⇨ NIGHT BLINDNESS MODULE
2. HOW MANY MONTHS AGO DID (*name*) TAKE THE LAST DOSE?	Months ago.... __ __ DK....99	
3. WHERE DID (*name*) GET THIS LAST DOSE?	On routine visit to health center....1 Sick child visit to health center....2 National Immunization Day campaign....3 *(first week of June/Last week November 1999)* Other (*specify*) ________ 4 DK....9	

GO TO NEXT MODULE ⇨

NIGHT BLINDNESS IN CHILDREN MODULE

Check child's age. Ask the next four questions only if the child is aged two years through 4 years.

1. DOES YOUR CHILD HAVE ANY PROBLEM SEEING IN THE DAYTIME?	Yes....1 No....2 DK....9	
2. DOES YOUR CHILD HAVE ANY PROBLEM SEEING IN THE NIGHTTIME?	Yes....1 No....2 DK....9	2 ⇨ Q.4 9 ⇨ Q.4
3. IS THIS PROBLEM DIFFERENT FROM OTHER CHILDREN IN YOUR COMMUNITY?	Yes....1 No....2 DK....9	
4. DOES YOUR CHILD HAVE NIGHT BLINDNESS? (*shabkoor.*)	Yes....1 No....2 DK....9	

GO TO NEXT MODULE ⇨

Cluster no. __ __ __ Household no. __ __ __ Caretaker line no. __ __ Child line no. __ __

BREAST FEEDING MODULE		
*ASK FOLLOWING QUESTIONS FOR **ALL** CHILDREN LESS THAN **5 YEARS** OLD.*		
1. HAS (*name*) EVER BEEN BREASTFED?	Yes .... 1 No .... 2 DK 9	 2⇨Q.4 9⇨Q.4
2. HOW SOON AFTER (*name*) WAS BORN DID YOU START TO BREASTFED HIM/HER? I MEAN WHEN DID YOU HIM/HER FOR THE FIRST TIME OM THE BREAST?	Immediately after birth up to 6 hours .... 1 After 6 hours but in the first day after birth .. 2 Between 1 and 2 days after the birth .... 3 More than 2 days after birth .... 4 DK 9	
3. IS HE/SHE STILL BEING BREASTFED?	Yes .... 1 No .... 2 DK 9	
4. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING: *Read each item aloud and record response before proceeding to the next item.* 4A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE? 4B. PLAIN WATER? 4C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA OR INFUSION? 4D. ORAL REHYDRATION SOLUTION (ORS)? 4E. TINNED, POWDERED OR FRESH MILK OR INFANT FORMULA? 4F. ANY OTHER LIQUIDS? 4G. SOLID OR SEMI-SOLID (MUSHY) FOOD?	Y N DK A. Vitamin supplements .... 1 2 9 B. Plain water .... 1 2 9 C. Sweetened water or juice .... 1 2 9 D. ORS .... 1 2 9 E. Milk .... 1 2 9 F. Other liquids (*specify*) ________ 1 2 9 G. Solid/semi solid/mushy food 1 2 9	
5. SINCE THIS TIME YESTERDAY, HAS (*name*) BEEN GIVEN ANYTHING TO DRINK FROM A BOTTLE WITH A NIPPLE OR TEAT?	Yes .... 1 No .... 2 DK 9	

GO TO NEXT MODULE ⇨

Cluster no. __ __ __ Household no. __ __ __ Caretaker line no. __ __ Child line no. __ __

CARE OF ILLNESS MODULE

1. HAS (*name*) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (*day of the week*) OF THE WEEK BEFORE LAST? *Diarrhea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.*	Yes .... 1 No .... 2 DK 9	1⇨Q.3
2. IN THE LAST TWO WEEKS, HAS (*name*) HAD ANY OTHER ILLNESS, SUCH AS COUGH OR FEVER, OR ANY OTHER HEALTH PROBLEM?	Yes .... 1 No .... 2 DK 9	1⇨Q.4 2⇨Q.11 9⇨Q.11
3. DURING THIS LAST EPISODE OF DIARRHOEA, DID (*name*) DRINK ANY OF THE FOLLOWING: *Read each item aloud and record response before proceeding to the next item.* 3A. BREAST MILK? 3B. CEREAL-BASED GRUEL OR GRUEL MADE FROM ROOTS OR SOUP? 3C. ***other locally-defined acceptable home fluids (e.g., SSS, yogurt drink)***? 3D. ORS PACKET SOLUTION? 3E. OTHER MILK OR INFANT FORMULA? 3F. WATER WITH FEEDING DURING SOME PART OF THE DAY? 3G. WATER ALONE? 3H. ***defined "unacceptable" fluids (e.g., cola, etc. (insert local names))*** 3I. NOTHING	Y N DK A. Breast milk .... 1 2 9 B. Gruel .... 1 2 9 C. Other acceptable .... 1 2 9 D. ORS packet .... 1 2 9 E. Other milk .... 1 2 9 F. Water with feeding .... 1 2 9 G. Water alone .... 1 2 9 H. Unacceptable fluids .... 1 2 9 I. Nothing 1 2 9	 1⇨Q.5
4. DURING (*name's*) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?	Much less or none .... 1 About the same (or somewhat less) .... 2 More .... 3 DK 9	
5. DURING (*name's*) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL? *If "less", probe:* MUCH LESS OR A LITTLE LESS?	None .... 1 Much less .... 2 Somewhat less .... 3 About the same .... 4 More .... 5 DK 9	
6. HAS (*name*) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (*day of the week*) OF THE WEEK BEFORE LAST?	Yes .... 1 No .... 2 DK 9	 2⇨Q.11 9⇨Q.11

Cluster no. __ __ __ Household no. __ __ __ Caretaker line no. __ __ Child line no. __ __

7. WHEN (*name*) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?	Yes ... 1 No ... 2 DK ... 9	 2⇨Q.11 9⇨Q.11
8. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?	Blocked nose ... 1 Problem in chest ... 2 Both ... 3 Other (*specify*)________ 4 DK ... 9	1⇨Q.11 4⇨Q.11
9. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?	Yes ... 1 No ... 2 DK ... 9	 2⇨Q.11 9⇨Q.11
10. FROM WHERE DID YOU SEEK CARE? ANYWHERE ELSE? *Circle all providers mentioned, but do NOT prompt with any suggestions.*	Hospital ... 01 Health center ... 02 Dispensary ... 03 Village health worker ... 04 MCH clinic ... 05 Mobile/outreach clinic ... 06 Private physician ... 07 Traditional healer ... 08 Pharmacy or drug seller ... 09 Relative or friend ... 10 Other (*specify*)________ 11	
Ask this question (Q.11) only once for each caretaker. 11. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY? *Keep asking for more signs or symptoms until the caretaker cannot recall any additional symptoms. Circle all symptoms mentioned, but do NOT prompt with any suggestions.*	Child not able to drink or breastfeed ... 01 Child becomes sicker ... 02 Child develops a fever ... 03 Child has fast breathing ... 04 Child has difficult breathing ... 05 Child has blood in stool ... 06 Child is drinking poorly ... 07 Other (*specify*)________ 08 Other (*specify*)________ 09 Other (*specify*) ... 10	
*12. Has (*NAME*) had measles (local name and* **add here the symptoms to describe the disease***) since the start of last Ramazan?*	Yes ... 1 No ... 2 DK ... 9	

GO TO NEXT MODULE ⇨

Cluster no. __ __ __ Household no. __ __ __ Caretaker line no. __ __ Child line no. __ __

IMMUNIZATION MODULE

If an immunization card is available, copy the dates in Qs.2-5 for each type of immunization recorded on the card. Qs.7-14 are for recording vaccinations that are not recorded on the card. Qs.7-14 will only be asked when a card is not available.

1. IS THERE A VACCINATION RECORD FOR (*name*)?	Yes, seen ... 1 Yes, not seen ... 2 No ... 3	2⇨Q.7 3⇨Q.7

(a) *Copy dates of all vaccinations from the card.* (b) *Write '44' in day column if card shows that vaccination was given but no date recorded.*	Date of Immunization							
	DAY		MONTH		YEAR			
2. BCG — BCG								
3A. OPV0 — OPV0								
3B. OPV1 — OPV1								
3C. OPV2 — OPV2								
3D. OPV3 — OPV3								
4A. DPT1 — DPT1								
4B. DPT2 — DPT2								
4C. DPT3 — DPT3								
5. MEASLES — MEASLES								

6. IN ADDITION TO THE VACCINATIONS SHOWN ON THIS CARD, DID (*name*) RECEIVE ANY OTHER VACCINATIONS - INCLUDING VACCINATIONS RECEIVED IN A NATIONAL IMMUNIZATION DAY? *Record 'Yes' only if respondent mentions BCG, OPV 0-3, DPT 1-3, and/or Measles vaccine(s).* ⇨ *Record answers and go to next module.*	Yes ... 1 *(Probe for vaccinations and write '66' in the corresponding day column on Q. 2 to Q. 5.)* No ... 2 DK ... 9	2⇨ NEXT MODULE. 9⇨ NEXT MODULE.
7. HAS (*name*) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A NATIONAL IMMUNIZATION DAY CAMPAIGN?	Yes ... 1 No ... 2 DK ... 9	2⇨ NEXT MODULE. 9⇨ NEXT MODULE.
8. HAS (*name*) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE LEFT SHOULDER THAT CAUSED A SCAR?	Yes ... 1 No ... 2 DK ... 9	

Cluster no. __ __ __ Household no. __ __ __ Caretaker line no. __ __ Child line no. __ __

9. HAS (*name*) EVER BEEN GIVEN ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?	Yes .... 1 No .... 2 DK 9	2⇨Q.12 9⇨Q.12
10. HOW OLD WAS HE/SHE WHEN THE FIRST DOSE WAS GIVEN – JUST AFTER BIRTH OR LATER?	Just after birth .... 1 Later 2	
11. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?	No. of times .... __ __	
12. HAS (*name*) EVER BEEN GIVEN "VACCINATION INJECTIONS" – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)	Yes .... 1 No .... 2 DK 9	2⇨Q.14 9⇨Q.14
13. HOW MANY TIMES?	No. of times .... __ __	
14. HAS (*name*) EVER BEEN GIVEN "VACCINATION INJECTIONS" – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes .... 1 No .... 2 DK 9	

GO TO NEXT MODULE ⇨

Cluster no. __ __ __ Household no. __ __ __ Caretaker line no. __ __ Child line no. __ __

ANTHROPOMETRY MODULE

After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the HH listing before recording measurements.

1. Child's weight.	Kilograms (kg) .... __ __ . __	
2. Child's length or height. *Check age of child:* *☐ Child under 2 years old. ⇨ Measure length (lying down).* *☐ Child age 2 or more years. ⇨ Measure height (standing up).*	Length (cm) Lying down .... 1 __ __ __ . __ Height (cm) Standing up .... 2 __ __ __ . __	
3. Child's mid arm circumference (left arm)	Arm circumference (cm) ......__ __ __	
4. Enumerator's identification code.	Enumerator code .... __ __ __	
5. Result.	Measured .... 1 Not present .... 2 Refused .... 3 Other (*specify*)______________________ 4	
6. Is there another child in the household who is eligible for measurement? *☐ Yes. ⇨ Record measurements for next child.* *☐ No. ⇨ End the interview with this household by thanking all participants for their cooperation. Gather together all questionnaires for this household and check that identification numbers are at the top of each page. Tally on the Household Information Panel the number of interviews completed.*		

Due to the pronounced digit preference, the frequency polygon is completely accidented, making a correct interpretation difficult. As expected the number of children is proportionally very important, while the number of adults 50+ are less important.

Age in years	Male		Female		Total		Age in years	Male		Female		Total	
	Number	%	Number	%	Number	%		Number	%	Number	%	Number	%
< 1	131	3.9	137	4.2	268	4.0	36	11	0.3	11	0.3	22	0.3
1	80	2.4	82	2.5	162	2.4	37	10	0.3	8	0.2	18	0.3
2	117	3.5	135	4.1	252	3.8	38	27	0.8	24	0.7	51	0.8
3	136	4.0	134	4.1	270	4.1	39	4	0.1	9	0.3	13	0.2
4	106	3.1	109	3.3	215	3.2	40	84	2.5	72	2.2	156	2.3
5	149	4.4	156	4.8	305	4.6	41	3	0.1	2	0.1	5	0.1
6	182	5.4	137	4.2	319	4.8	42	14	0.4	13	0.4	27	0.4
7	132	3.9	164	5.0	296	4.5	43	7	0.2	7	0.2	14	0.2
8	172	5.1	158	4.8	330	5.0	44	2	0.1	10	0.3	12	0.2
9	112	3.3	83	2.5	195	2.9	45	87	2.6	69	2.1	156	2.3
10	148	4.4	131	4.0	279	4.2	46	7	0.2	5	0.2	12	0.2
11	68	2.0	70	2.1	138	2.1	47	5	0.1	5	0.2	10	0.2
12	132	3.9	134	4.1	266	4.0	48	12	0.4	17	0.5	29	0.4
13	75	2.2	65	2.0	140	2.1	49	2	0.1	15	0.5	17	0.3
14	75	2.2	102	3.1	177	2.7	50	50	1.5	29	0.9	79	1.2
15	78	2.3	72	2.2	150	2.3	51	4	0.1	6	0.2	10	0.2
16	77	2.3	86	2.6	163	2.5	52	8	0.2	17	0.5	25	0.4
17	42	1.2	33	1.0	75	1.1	53	4	0.1	4	0.1	8	0.1
18	108	3.2	88	2.7	196	2.9	54	2	0.1	2	0.1	4	0.1
19	30	0.9	27	0.8	57	0.9	55	48	1.4	42	1.3	90	1.4
20	71	2.1	105	3.2	176	2.6	56	6	0.2	1	0.0	7	0.1
21	30	0.9	24	0.7	54	0.8	57	6	0.2	1	0.0	7	0.1
22	50	1.5	51	1.6	101	1.5	58	4	0.1	3	0.1	7	0.1
23	23	0.7	28	0.9	51	0.8	59	3	0.1	.	0.0	3	0.0
24	29	0.9	22	0.7	51	0.8	60	52	1.5	26	0.8	78	1.2
25	93	2.8	117	3.6	210	3.2	61	1	0.0	.	0.0	1	0.0
26	25	0.7	21	0.6	46	0.7	62	6	0.2	.	0.0	6	0.1
27	29	0.9	31	0.9	60	0.9	63	1	0.0	.	0.0	1	0.0
28	45	1.3	53	1.6	98	1.5	64	1	0.0	.	0.0	1	0.0
29	8	0.2	9	0.3	17	0.3	65	35	1.0	9	0.3	44	0.7
30	91	2.7	120	3.7	211	3.2	66	1	0.0	.	0.0	1	0.0
31	11	0.3	4	0.1	15	0.2	67	2	0.1	.	0.0	2	0.0
32	27	0.8	24	0.7	51	0.8	69	1	0.0	.	0.0	1	0.0
33	17	0.5	6	0.2	23	0.3	70+	57	1.7	17	0.5	74	1.1
34	11	0.3	5	0.2	16	0.2	Don't know	5	0.1	3	0.1	8	0.1
35	96	2.8	118	3.6	214	3.2	**Total East**	**3378**	**100.0**	**3268**	**100.0**	**6646**	**100.0**

Table 2: Single year age distribution of household population by sex, East of Afghanistan, 2000

Appendix D: List of Personnel Involved in the East of Afghanistan MICS2

The following persons were involved in the 2000 Afghanistan MICS from ICONS, GTZ-SHAIP:

Name and Title of Person	Role in 2000 Afghanistan MICS
1. Dr. Simon Azariah, Head, ICONS, GTZ-SHAIP	Project Manager
2. Prof. Dr. Aimé De Muynck, Chief Technical Adviser, GTZ-SHAIP	Chief Technical Adviser and Epidemiologist
3. Ms. Rose Leifooghe, Social Scientist	Technical Adviser
4. Dr. Ehsanullah Tarin, Consultant	Project (Survey) Team Leader
5. Dr. Iftikhar Elahi, Consultant	Deputy Project (Survey) Team Leader
6. Dr. Wasaf Syed, Consultant	Female Survey Team Coordinator
7. Mr. Rizwan Afzal, Bio statistician HSA/SHAIP	Bio statistician
8. Mr. Hammad Ali, Bio statistician	Assistant Bio statistician
9. Ms. Aziza, Senior Enumerator	Add. Female Survey Team Coordinator
10. Mr. Syed Habaib, Consultant	Logistic Coordinator and Translator
11. Mr. Redi Gul, Consultant	Logistic Coordinator and Translator
12. Mr. Ghulam Kadir Katawazi, Consultant	Translator
13. Mr. Muhammad Nasrat	Transcriber
14. Mr. Usman Asghar, Accountant GTZ-SHAIP	Accountant
15. Mr. Atif But, Project Officer ICONS	Project Officer
16. Mr. Salman Hassan Bajwa, Secretary GTZ-SHAIP	Office Secretary
17. Mr. Khalid Mehmood, Secretary GTZ-SHAIP	Project Assistant
18. Mr. Gul Muhammad, Lad Administrator, HSA	Data Entry Supervisor
19. Mr. Aqa Jan	Unit Supervisor
20. Mr. Mir Agha	Unit Supervisor
21. Mr. Sarbaz	Unit Supervisor
22. Mr. Mian Mahboob	Unit Supervisor
23. Mr. Zubair Khan	Enumerator
24. Ms. Zaqia	Enumerator
25. Mr. Naimatullah	Enumerator
26. Ms. Rahima	Enumerator
27. Mr. Abdul Rahim	Enumerator
28. Ms. Najiba	Enumerator
29. Mr. Khalilullah	Enumerator
30. Ms. Zarmina	Enumerator
31. Mr. Syed Rehmat Shah	Enumerator
32. Ms. Saima	Enumerator
33. Mr. Mohd. Sharif	Enumerator
34. Ms. Razia	Enumerator
35. Mr. Aziz Mohd	Enumerator
36. Ms. Mahmooda	Enumerator
37. Mr. Mahboob Shah	Enumerator
38. Ms. Pari	Enumerator
39. Mr. Asadullah	Enumerator
40. Ms. (d/o) Mahboob Shah	Enumerator
41. Mr. Abdus Sami	Enumerator
42. Ms. Fariba	Enumerator
43. Mr. Wahiullah	Enumerator
44. Ms. Nazira	Enumerator
45. Ms. Aziza	Enumerator
46. Mr. Idris	Enumerator
47. Ms. Aziza	Enumerator
48. Mr. Abdul Wali	Enumerator
49. Ms. Palwasha	Enumerator
50. Mr. Abdul Latif	Enumerator
51. Ms. Mari	Enumerator

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Table 3 presents the missing information in the key areas of exploration of MICS.

Indices	Reference population	Percent missing	Total number
Level of education	Household members	0.4	5479
Complete birth date	Ever married women 12-49 years of age	98.1	1011
Date of last tetanus toxoid inj.	Women with a live birth in the last year	20.8	274
Complete birth date	Children under 5 years of age	81.4	1158
Diarrhea in last 2 weeks	Children under 5 years of age	0.6	1158
Weight	Children under 5 years of age	0.4	1158
Height	Children under 5 years of age	0.4	1158

Table 3: Percentage of cases with missing information, East of Afghanistan, 2000

Characteristics of the Household Population

Information on the characteristics of the household population and the survey respondents is provided to assist in the interpretation of the survey findings and to serve as a basic check on the sample implementation.

Tables 4a and 4b present the percent distribution of households in the sample by background characteristics. A total of 880 households were surveyed. Most of the households have between six and nine members. All of the surveyed households are incidentally located in rural settings and therefore the present study does not speak about the urban sections of East of Afghanistan.

Characteristics	Percent	Number of households
Region		
Central (partial)	18.2	160
South-Eastern	36.5	321
Eastern	45.3	399
Area		
Rural	100.0	880
Household members		
1	0.1	1
2-3	10.6	93
4-5	19.4	171
6-7	25.7	226
8-9	33.6	208
10+	20.6	181
Total East	**100.0**	**880**

Table 4a: Percent distribution of households by background characteristics, East of Afghanistan, 2000

More than 73 percent of the households contain at least one child under age five and 96 percent contain at least one married woman age 12-49.

Characteristics	Percent	Number of households
At least one child under 15	93.0	818
At least one child under 5	73.4	646
At least 1 ever-married out woman between 15-49 years (modified)	95.8	843
Total East	**100.0**	**880**

Table 4b: Percent distribution of households by background characteristics, East of Afghanistan, 2000

Table 5a shows the characteristics of female respondents aged 12-49. Women age 15-19 comprise the greatest percentage of the sample at 19 percent. This percentage declines steadily across age groups until age 45-49 where it is 7 percent. Approximately 60 percent of women are currently married, while 37 percent have never been married. The majority of women have no education at all while only 7 percent have 'some' education.

Characteristics	Percent	Number
Region		
Central	18.4	297
South-Eastern	40.3	649
Eastern	41.3	666
Area		
Rural	100.0	1612
Age		
12-14	18.7	301
15-19	19.0	306
20-24	14.3	230
25-29	14.3	231
30-34	9.9	159
35-39	10.5	170
40-44	6.5	104
45-49	6.9	111
Marital Status		
Currently married	60.7	978
Widowed	2.0	33
Divorced	0.1	2
Separated	0.3	5
Never married	36.8	593
Missing	0.1	1
Education level		
No Education	92.6	1492
Some Education	7.4	120
Total East	**100.0**	**1612**

Table 5a: Percent distribution of women 12-49 by background characteristics, East of Afghanistan, 2000

Table 5b shows the distribution of women who have 'ever given birth' of the group of women who have 'ever been married'. Among this group, 91 percent of women have borne children at least once.

Ever given birth (of the group who had been ever married)	Percent	Number
Yes	90.5	922
No	8.7	88
Missing data	0.8	9

Table 5b: Percent distribution of married women 12-49 by background characteristics, East of Afghanistan, 2000

Among the under-five years age group 49 percent of the children are male and 51 percent are female (from Table 2). Table 6 shows the characteristics of children under age five. An alarming majority (96 percent) of caretakers of children under five years of age have no education, while the remainder small proportion have 'some' education only. Note that, for children whose mothers do not live in the household, the education of the child's caretaker is used. There are slightly more children aged less than six months than aged 6-11 months, a pattern which is unexpected.

Characteristics	Percent	Number
Age		
< 6 months	14.1	163
06-11 months	11.3	131
12-23 months	19.3	223
24-35 months	22.3	258
36-47 months	21.3	247
48-59 months	11.7	136
Caretaker's Education		
No Education	95.8	1109
Some Education	4.2	49

Table 6: Percent distribution of children under five by caretaker's education, East of Afghanistan, 2000

Table 7 shows the percentage of married women of 12-49 years of age who had not been living in the areas where they were located at the time of the survey. Of these women 6 percent in the South-Eastern region and 46 percent in the Eastern region have been displaced, while 33 percent in the South-Eastern region and 23 percent in the Eastern region are returning and resettling in the areas where they were located. Ninety-one percent of women in the East of Afghanistan have their husbands living along with them.

Characteristics	Average time since living in the area (years)	Living < 6 years	Reasons for not living long			Husband living		Number of women
			Displaced	Returnee	Other	Along	Not applicable	
Region								
Central	13.0	13.3	54.2	16.7	29.2	91.7	2.8	180
South-Eastern	11.2	22.6	6.3	32.6	61.1	87.1	3.3	420
Eastern	9.6	20.2	45.8	22.9	31.3	95.6	3.2	410
Total East	**10.9**	**20.0**	**28.2**	**26.7**	**45.0**	**91.4**	**3.2**	**1010**

Table 7: Percent of married women 12-49 years not living in the area since long, East of Afghanistan, 2000

IV. Results

A. Infant and Under-Five Mortality

The *infant mortality rate* is the probability of dying before the first birthday. The *under five mortality rate* is the probability of dying before the fifth birthday. In MICS, infant and under five mortality rates are calculated based on an indirect estimation technique. Mortality rates are calculated using UN's Most Pak-Lite package. The figures are drawn from Coale-Demeny model calculations. The data used in the estimation are: the mean number of children ever born for five year age groups of women from age 15 to 49, and the proportion of these children who are dead, also for five year age groups of women. The technique converts these data into probabilities of dying by taking account of both the mortality risks to which children are exposed and their length of exposure to the risk of dying.

The data used for mortality estimation are shown in Table 8. The mean number of children ever born rises from 0.74 among 15-19 months olds to 8.90 among 45-49 months olds, as expected.

Age	Total children ever born	Mean Number of CEB	Children died	Prop. died	Number of Women
15-19	59	0.738	8	0.136	80
20-24	413	2.374	46	0.111	174
25-29	896	4.129	141	0.157	217
30-34	905	5.801	143	0.158	156
35-39	1227	7.304	173	0.141	168
40-44	826	7.942	152	0.184	104
45-49	978	8.891	210	0.215	110
Total East	**5304**	**5.257**	**873**	**0.165**	**1009**

Table 8: Mean number of Children Ever Born (CEB) and proportion dead by mother's age, East of Afghanistan, 2000

Mortality estimates were obtained using the United Nations QFIVE program. Table 9 shows the probability of dying among children of less than 1 year of age and children of less than 5 years of age, which are estimated at 0.113 and 0.165 respectively.

Age	Probability of dying
Under 1 year	113 per 1000
Under 5	165 per 1000

Reference date: 1995.3

Table 9: Infant and Under Five Mortality Rates, East of Afghanistan, 2000

B. Education

Universal access to basic education and the achievement of primary education by the world's children is one of the most important goals of the World Summit for Children. Education is a vital prerequisite for combating poverty, empowering women, protecting children from hazardous and exploitative labor and sexual exploitation, promoting human rights and democracy, protecting the environment, and influencing population growth.

Basic education

The primary school age for Afghanistan was adjusted to 5-12 years of age. There are very minimal formal education opportunities currently available in East of Afghanistan, therefore 'any type' of schooling has been accepted, which includes primary school, secondary school,

Foreword

Many people have contributed to the process of completing this report. We are especially thankful to Afghan people who took their time to respond to our numerous questions. We will always admire their perseverance and hard work against all odds, and we hope that this report will somehow benefit them. We are also grateful to our survey team members, particularly enumerators (see Appendix D), who worked hard to collect data in very difficult conditions. It is worth mentioning that the Central Statistics Office of the Islamic Emirate of Afghanistan extended support to the implementation of the survey in the field.

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The scope of the current report is limited to the East of Afghanistan. We hope that we will be able to assess the situation of children and women in the rest of the country soon.

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24 September, 2001

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21 December 2000

Executive Summary

The 2000 Afghanistan Multiple Indicator Cluster Survey (MICS2) is supposed to be a nationally representative survey of households, women, and children. The main objectives of the survey are to provide up-to-date information for assessing the situation of children and women in Afghanistan at the end of the decade and to furnish data needed for monitoring progress toward goals established at the World Summit for Children and as a basis for future action. However, due to internal socio-political issues in Afghanistan, only 22 clusters out of 97 have been surveyed (Appendix B).

The following results, thus, have been drawn from survey in 22 clusters in the East of Afghanistan, which fall in the following provinces grouped on regional basis:

Region	Province
Eastern region (all provinces)	Nangarher
	Konar
	Laghman
South-Eastern region (all provinces)	Ghazni
	Paktika
	Paktya
Central region (partial)	Logar
	Wardak

Incidentally all areas surveyed were rural and therefore the results do not speak of the urban conditions in East of Afghanistan.

Infant and Under Five Mortality

- Distortions in the MICS2 data on deaths among children preclude obtaining estimates of very recent mortality rates. The data suggests that the infant mortality rate was 113 per 1000 and the under five mortality rate was 165 per 1000 around 1995.

Education

- Less than thirty percent of children of primary school age in East of Afghanistan are attending primary school. As a whole the ratio of females attending primary school is considerably lower than that of males.
- Less than one-third (30 percent) of the population over age 15 years is literate in the East of Afghanistan. Only 6 percent of females are literate as compared to 53 percent of males and the literacy rate generally declines with increasing age but increases slightly at the 65 years and above age group.

Water and Sanitation

- Fifty-seven percent of the population in Eastern region and 36 percent in South-Eastern region has access to safe drinking water. The condition of drinking water sources is particularly poor in the South-Eastern region where more than 70 percent of water sources are unprotected.
- Less than half of the population (Forty-two percent females and 34 percent males in the South-Eastern region; 40 percent females and 28 percent males in the Eastern region) is living in households with sanitary means of excreta disposal.

Child Malnutrition

- Ten percent of children under age five are wasted or too thin for their height. Due to small sample size and the age not being recorded properly, the measures of stunting and underweight are not very reliable.

Breastfeeding

- Of children aged under four months, approximately 33 percent in South-Eastern region and 22 percent in Eastern region are exclusively breastfed, a level considerably lower than recommended. At age 6-9 months, 65 percent of children in South-Eastern region and 45 percent of children in Eastern region are receiving breast milk and solid or semi-solid foods. By age 20-23 months, 33 percent in South-Eastern region and 27 percent in Eastern region continue to be breastfed.

Salt Iodization

- Ninety-eight percent of households in the East of Afghanistan do not have adequately iodized (15+ PPM) salt. This picture is homogenous in all the surveyed areas.

Vitamin A Supplementation

- In the East of Afghanistan, within the six months prior to MICS2, 26 percent of children aged 6-59 months received a high dose Vitamin A supplement. While only 1 percent received a dose prior to that time, approximately 71 percent had never received a supplement of high dose of Vitamin A.

Night Blindness

- Of children of age 24-59 months, less than 1 percent in the South-Eastern region and 1 percent in the Eastern region, are reported to be suffering from night blindness.

Immunization Coverage

- Of children aged 12-23 months 59 percent in the South-Eastern region and 89 percent in the Eastern region have received a BCG vaccination and the first dose of DPT has been given to 51 percent children in South-Eastern region and 86 percent children in Eastern region. The percentage declines for subsequent doses of DPT to 37 percent in South-Eastern region and 76 percent in Eastern region for the second dose, and 28 percent in South-Eastern region 61 percent in Eastern region and for the third dose.
- Similarly, 78 percent of children in South-Eastern region and 95 percent in Eastern region have received Polio 1 by age and this declines to 41 percent in South-Eastern region and 72 percent in Eastern region by the third dose. The coverage for measles vaccine is lower than for the other vaccines at 34 percent in South-Eastern region and 77 percent in Eastern region.
- Only 19 percent in South-Eastern region and 47 percent in Eastern region of children age 12-23 months have all eight recommended vaccinations. Male and female children are vaccinated at roughly the same rate.

Diarrhea

- Fifty percent of children under-five had an episode of diarrhea during the two weeks prior to the survey in the East of Afghanistan. Almost all of these children with diarrhea receive one or more of the recommended home treatments (i.e., were treated with ORS or RHF).
- Fifty percent in South-Eastern region and 26 percent in Eastern region, of under-five children with diarrhea, receive increased fluids and continue eating as recommended.
- The average number of episodes of diarrhea in children under five years of age is estimated to be 13 episodes per year per child, which is extremely high.

Acute Respiratory Infection

- Eighteen percent of under five children had an acute respiratory infection in the East of Afghanistan in the two weeks prior to the survey. Approximately 68 percent of these children were taken to an appropriate healthcare provider.

IMCI Initiative

- In the East of Afghanistan 63 percent of under-five children were reported to have had diarrhea or some other illness in the two weeks preceding the MICS. Of these 45 percent children in South-Eastern region in contrast to only 23 percent in the Eastern region received increased fluids and continued eating as recommended under the IMCI programme.
- Seventy-two percent of mothers / caretakers in the East of Afghanistan know at least two of the signs for which a child should be taken immediately to a health facility.

Contraception

- Current use of contraception is reported by 2 percent of married women in South-Eastern region and 8 percent of married women in the Eastern region. The highest level of contraception though appears to be caused by lactational amenorrhea, 22 percent, which has not been included in either modern or traditional methods of contraception for this report as it because whether the women with lactational amenorrhea are consciously relying on the amenorrhea as a contraceptive mechanism or is it simply that they could not conceive due to the amenorrhea, has not been explored.

Prenatal Care

- A little more than half of the women with recent births in East of Afghanistan are protected against neonatal tetanus. 46 percent of these women have received two doses during the last three years. Women with some education are more likely to be protected against tetanus at 71 percent as compared to those who have no education at 55 percent.
- Sixty-four percent of women in the South-Eastern region and 43 percent in the Eastern region do not receive any type of prenatal care. Of the women who do receive prenatal care, 32 percent in the South-Eastern region and 41 percent in the Eastern region receive it from skilled personnel (doctor, nurse, midwife).

Assistance at Delivery

- A doctor, nurse, or midwife delivers only about 12 percent of births in the East of Afghanistan, while 65 percent of women in the South-Eastern region and 50 percent in the Eastern region are assisted by relatives or friends at their delivery.

Anemia

- Of women aged 12-49 years, 55 percent pregnant women in the South-Eastern region and 91 percent pregnant women in the Eastern region are anemic. In the same age group 83 percent non-pregnant women in the South-Eastern region and 95 percent non-pregnant women in the Eastern region are anaemic.

Birth Certification

- In the absence of a system for birth registration in Afghanistan, the birth certification done by the personnel attending at delivery has been explored. Births of only 2 percent of children in the South-Eastern region and 18 percent in the Eastern region, under five years of age have been certified.

Orphanhood and Living Arrangements of Children

- Ninety-four percent of children aged 0-14 are living with both parents in the East of Afghanistan. Children who are not living with a biological parent comprise 6 percent and children who have one or both parents dead amount to 4 percent of all children aged 0-14.

Child Labor

- About one percent of children aged 5-14 years engage in paid work. Less than one percent participate in unpaid work for someone other than a household member.
- Sixty-one percent of children engage in domestic tasks, such as cooking, fetching water, and caring for other children, for less than four hours a day, while 9 percent spend more than four hours a day on such tasks.

Disability

- About 2 percent of children under 18 years of age in the East of Afghanistan are found to have some kind of disability, in which physical disabilities are the highest at 91 percent in the South-Eastern region and 71 percent in the Eastern region. Seventy-three percent in the South-Eastern region and 65 percent in the Eastern region, of the children with disabilities received some kind of treatment at some point in their lives.

BBC Radio Listenership: 'New Home, New Life'

- Sixty-four percent households in the South-Eastern region and 53 percent households in the Eastern region have transistor radios. Within the households with a radio, 67 percent of male adults in the South-Eastern region and 48 percent in the Eastern region listen to "New Home, New Life", followed by female adults: 50 percent in the South-Eastern region and 38 percent in the Eastern region. For younger population 29 percent males and 22 percent of females listen to the programme in the East of Afghanistan. Also 16 percent children in the South-Eastern region and 13 percent children in the Eastern region listen to the BBC radio programmes

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Vol. 1

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United Nations Children's Fund

East of Afghanistan Summary Indicators

(Note: "Total East" includes South-Eastern and Eastern and partial Central regions)

		South-Eastern	Eastern	Total East
World Summit for Children Indicators				
Under-five mortality rate	Probability of dying before reaching age five	-	-	165 per 1000
Infant mortality rate	Probability of dying before reaching age one	-	-	113 per 1000
Underweight prevalence	Proportion of under-fives who are too thin for their age	-3SD: 13.2 % -2SD: 42.9%	-3SD: 13.9 % -2SD: 43.2%	-3SD: 13.6 % -2SD: 41.2%
Stunting prevalence	Proportion of under-fives who are too short for their age	-3SD: 22.8 % -2SD: 40.6%	-3SD: 27.7 % -2SD: 46.6%	-3SD: 24.6 % -2SD: 42.5%
Wasting prevalence	Proportion of under fives who are too thin for their height	-3SD: 1.4 % -2SD: 9.1%	-3SD: 10.1 % -2SD: 27.7%	-3SD: 1.9 % -2SD: 9.9%
Use of safe drinking water	Proportion of population who use a safe drinking water source	35.9%	56.5%	42.8 %
Use of sanitary means of excreta disposal	Proportion of population who use a sanitary means of excreta disposal	Females: 42.1 % Males: 34.0%	Females: 40.2 % Males: 27.5%	Females: 48.4 % Males: 39.0%
Children reaching grade five	Proportion of children entering first grade of primary school who eventually reach grade five	N/A	N/A	N/A
Net primary school attendance rate	Proportion of children of primary school age attending primary school	34.2 % (Female: 10.5%, Male: 56.4%)	26.8 % (Female: 16.9%, Male: 36.1%)	29.7 % (Female: 11.8%, Male: 46.6%)
Literacy rate	Proportion of population aged 15+ years who are able to read a letter or newspaper	27.5 % (Female: 3.3%, Male: 50.9%)	31.8 % (Female: 9.0%, Male: 53.1%)	29.8 % (Female: 5.7%, Male: 52.6%)
Total child disability rate	Proportion of children aged less than 18 with some reported physical and/or mental disability	1.4%	1.8%	1.5%
Contraceptive prevalence	Proportion of married women aged 15-49 who are using a contraceptive method	2.2%	8.4%	5.3%
Prenatal care	Proportion of women aged 15-49 attended at least once during pregnancy by skilled personnel	31.6%	40.9%	36.9 %
Childbirth care	Proportion of births attended by skilled health personnel	9.6%	12.7%	12.4 %
Iron-deficiency anemia	Proportion of women aged 12-49 with hemoglobin levels below 75.3% for pregnant women, and below 82.2% for non-pregnant women	Pregnant: 55.4%, Non-pregnant: 82.7%	Pregnant: 91.4%, Non-pregnant: 94.6%	Pregnant: 71.4%, Non-pregnant: 88.7%
Iodized salt consumption	Proportion of households consuming adequately iodized salt	0.6%	2.3%	1.8 %

		South-Eastern	Eastern	Total East
Children receiving Vitamin A supplementation	Proportion of children aged 6-59 months who have received a Vitamin A supplement in the last 6 months	26.5%	26.1%	26.0 %
Children with night blindness	Proportion of children aged 24-59 months with night blindness	0.4%	1.0%	0.8%
Exclusive breastfeeding rate	Proportion of infants aged less than 4 months who are exclusively breastfed	32.7%	21.7%	30.6 %
Timely complementary feeding rate	Proportion of infants aged 6-9 months who are receiving breast milk and complementary food	64.9%	44.7%	53.8 %
Continued breastfeeding rate	Proportion of children aged 12-15 months and 20-23 months who are breastfeeding	80.6 % (12-15) 33.3 % (20-23)	87.5 % (12-15) 26.7 % (20-23)	86.3 % (12-15) 30.3 % (20-23)
DPT immunization coverage	Proportion of children immunized against diphtheria, pertussis and tetanus by age one	27.7%	60.9%	45.3%
Measles immunization coverage	Proportion of children immunized against measles by age one	33.7%	77.2%	57.0%
Polio immunization coverage	Proportion of children immunized against polio by age one	41.0%	71.7%	57.8%
Tuberculosis immunization coverage	Proportion of children immunized against tuberculosis by age one	59.0%	89.1%	78.0%
Children protected against neonatal tetanus	Proportion of one year old children protected against neonatal tetanus through immunization of their mother	57.0%	54.5%	55.5%
ORT use	Proportion of under-five children who had diarrhea in the last 2 weeks who were treated with oral rehydration salts or an appropriate household solution	99.1 %	99.1 %	99.1 %
Home management of diarrhea	Proportion of under-five children who had diarrhea in the last 2 weeks and received increased fluids and continued feeding during the episode	49.1%	25.5%	39.6 %
Care seeking for acute respiratory infections	Proportion of under-five children who had ARI in the last 2 weeks and were taken to an appropriate health provider	62.4%	75.6%	67.5 %

		South-Eastern	Eastern	Total East
Indicators for Monitoring Children's Rights, 2000				
Birth certification[1]	Proportion of under-five children whose births are reported certified by birth attendants	2.1%	17.6%	9.8 %
Children's living arrangements	Proportion of children aged 0-14 years in households not living with a biological parent	7.7%	4.2%	6.0 %
Orphans in household	Proportion of children aged 0-14 years who are orphans living in households	Both parents dead: 0.3 % Father only dead: 3.1%	Both parents dead: 0.3 % Father only dead: 2.7%	Both parents dead: 0.2 % Father only dead: 3.1 %
Child labor	Proportion of children aged 5-14 years who are currently working	21.9%	20.9%	21.7 %
Indicators for Monitoring IMCI, 2000				
Home management of illness	Proportion of under-five children reported ill during the last 2 weeks who received increased fluids and continued feeding	45.3%	23.1%	35.5%
Care seeking knowledge	Proportion of caretakers of under-five children who know at least 2 signs for seeking care immediately	71.9%	79.0%	71.9%
Other Indicators, 2000				
Radio availability	Proportion of households that have a radio	64.2%	53.1%	60.1%
BBC "New Home, New Life" listeners	Proportion of male adults who have access to a radio and listen to the BBC programme	66.7%	48.1%	58.4%
	Proportion of female adults who have access to a radio and listen to the BBC programme	49.8%	37.6%	46.7%
	Proportion of male youngsters who have access to a radio and listen to the BBC programme	28.7%	26.3%	29.1%
	Proportion of female youngsters who have access to a radio and listen to the BBC programme	19.0%	20.1%	21.6%
	Proportion of children who have access to a radio and listen to the BBC programme	15.9%	13.0%	15.9%
	Proportion of households with a radio in which nobody listens to the BBC programme	30.2%	48.9%	37.6%

[1] In the absence of a formal birth registration mechanism in Afghanistan, the presence or absence of birth certification has been estimated

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Situation Analysis of Children and Women in the East of Afghanistan

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By

Afghanistan MICS2 Steering Committee

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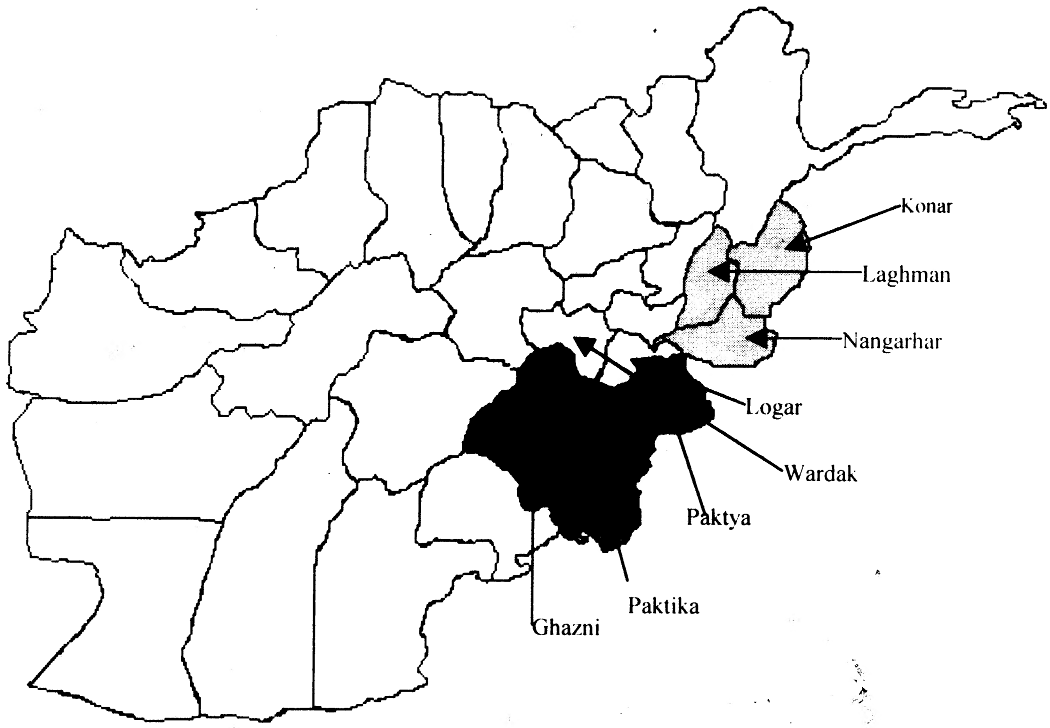
unicef United Nations Children's Fund UNICEF Afghanistan Country Office

NOTE: Definitions in This Report

East of Afghanistan

This is an arbitrary term used to represent the following areas covered by the survey in 2000:

Eastern region (all provinces)
Nangarhar, Konar and Laghman provinces
South-Eastern region (all provinces)
Ghazni, Paktika and Paktya provinces
Two provinces of Central region
Logar and Wardak provinces



Eastern region

Nangarhar, Konar and Laghman provinces

South-Eastern region

Ghazni, Paktika and Paktya provinces

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